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TIME TRENDS IN INPATIENT PHYSICIAN SPENDING

Final Report

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1.0 *INTRODUCTION*

1.1 Statement of the Problem

Since the implementation of the Prospective Payment System, the Medicare program has witnessed a dramatic decline in both admission rates and lengths of stay. Comparable declines have not been observed for inpatient physician services, however. While a relatively larger share of the Part B dollar is now spent in outpatient settings, absolute spending in the hospital has continued to increase steadily, growing at an annual rate of 6.3 percent over the 1985-1988 period (Helbing et al., 1991).

Simply examining aggregate dollars can be deceiving, however, as hospital casemix has also changed over this time period. Easier cases are being treated in outpatient settings, so that the average hospital patient is more difficult (and presumably more expensive) to treat. At the same time, there has been a growth in the utilization of many costly surgical procedures, some of which can only be performed in the hospital (like CABG surgery and joint replacements) while others may be provided in either inpatient or outpatient settings (like endoscopy).

This report seeks to better understand the increase in inpatient physician spending, holding casemix constant. This is done by comparing spending and volume trends at the DRG admission level. In addition, we attempt to control for within-DRG severity (to the extent possible with claims data alone).

1.2 Executive Summary

Inpatient episodes were created from the universe of Medicare Part A and Part B records from nine states for four years (1985-1988). Each episode included seven days prior to admission, 30 days post-discharge, as well as the inpatient stay itself.

Medicare physician spending increased 36 percent per episode in just four years. There was considerable variation across DRGs, however, ranging from only 11 percent in the case of TURPs to 61 percent for uncomplicated AMIs. As a rule, spending grew somewhat more

in surgical DRGs than in medical DRGs. Increases were observed during this time period for most types of services, but rates of increase tended to be particularly high for diagnostic tests, including both x-rays and cardiac tests.

Physician spending grew during all portions of the episode: before admission, during the stay, and post-discharge. Although rates of pre- and post-spending were growing more rapidly, the actual dollars involved were relatively small and made only a small contribution to the overall rate of increase. Pre- and post-spending accounted for 16 percent of the total episode costs in 1988, up from 15 percent in 1985.

The 36 percent increase in expenditures reflects real growth in services, as well as allowed charge updates over the 1985-1988 period. In order to determine the relative contribution of each factor, we decomposed physician spending per episode (see Table 1-1). Average prices rose 9-10 percent, with most of the increase occurring in 1987-88 after the fee freeze was lifted. While hospital lengths of stay have fallen somewhat, the intensity of both the average inpatient day and the average pre-/post-day has increased. The typical patient in 1988 received 30 percent more services per inpatient day and 37 percent more during the pre-/post-periods, compared with the typical patient in 1985.

These descriptive trends do not control for shifts in casemix over this time period. In order to better understand the factors contributing to the observed time trends in volume, we conducted stepwise regression analysis for 10 groups of high-volume DRGs. Table 1-2 summarizes the average annual percent changes in volume, first unadjusted, and then adjusted for a series of factors: severity, physician and hospital characteristics (specialty of attending physician and teaching status), geographic location, and practice patterns (length of stay and number of physicians involved in the case).*

The inclusion of severity variables did reduce the volume impact of the time trend in most DRG groups, suggesting that the average patient was becoming more difficult to treat

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*For ease of presentation, we have combined two of the steps (hospital/physician characteristics and geographic location), as the latter did not appreciably alter the time trend coefficients.

over time, but the size of this effect was relatively modest. Severity is much more important in explaining cross-sectional, as opposed to time-series, variation, at least over this short study period.

Adjusting for hospital and physician characteristics also reduced the volume impact. In the case of medical DRGs, this is primarily due to the growing substitution of resource-intensive specialists for generalists over time. In the case of surgical DRGs, it appears to be due to the diffusion of surgical techniques (especially CABG surgery) from major teaching institutions to minor teaching and nonteaching hospitals. This has produced an increase in the number of services actually billed to Part B. (In teaching hospitals, these services may be provided by residents, in which.case no bill may be submitted).

The steady growth in the number of physicians associated with an admission, despite declining stays, would appear to be the most important factor contributing to volume increases. (Note the substantial reduction in the percent changes, once we adjust for practice patterns.) Of course, this is not a truly exogenous variable, as its measurement is based on the number of unique physicians submitting bills. Nevertheless, it serves to underscore the role of multiple physicians in driving up service volume.

"True" volume growth (i.e. that growth adjusted for changes in case severity but not for factors directly under physicians' control) is probably measured by either columns 2 or 3 in Table 1-2, depending on how one chooses to deal with changes in hospital and physician characteristics. On the one hand, greater reliance on specialists and surgical diffusion to nonteaching hospitals may represent enhanced access to care. On the other hand, these trends may be associated with an increased use of marginally necessary tests and procedures.

Perhaps more important than the differences between the percent changes in columns 2 and 3 (which are, after all, relatively small) are the differences <u>across</u> DRG groups. Why do we observe volume increases for AMI patients that are 50 percent greater than those for CHF patients, <u>even after</u> we adjust for severity and hospital/physician characteristics? One explanation may be technology diffusion; we know, for example, that the use of cardiac catheterization in AMI patients increased dramatically over this time period (although such diffusion should be at least partially captured by hospital and physician characteristics). This is an area in which more research is clearly needed.

1.3 Overview of Report

The data and methods used in this study are described in Chapter 2. Time trends in inpatient physician spending and volume are presented in Chapter 3. This chapter includes a decompostion of the growth in spending, as well as detailed DRG-specific tables. Chapter 4 examines changes within DRG, such as shifts in the specialty of the attending physician and trends in severity of illness. Chapter 5 displays overall and DRG-specific trends for the nine states individually. Finally, regression analysis is used in Chapter 6 to better understand the factors contributing to the growth in physician volume.

Appendix A contains tables displaying trends in allowed charges and volume, length of stay, and number of admissions for all DRGs. Appendix B describes the complication/comorbidity categories used to examine within-DRG severity.

TABLE 1-1

DECOMPOSITION OF PHYSICIAN SPENDING PER EPISODE[a]

			INPATIENT STAY				PRE/POST PERIOD	
	$/E	=	Days/Adm	*	Q/Day	*	$/Q	+	Q/Day	*	$/Q
1985	$1,000		8.6		92.7		$1,072		4.1		$0.97
1986	1,092		8.4		101.2		1.094		4.4		0.99
1987	1,269		8.6		107.8		1.168		4.8		1.06
1988	1,386		8.3		120.1		1.166		5.6		1.07
Percent Change	36.2%		-4.1%		29.6%		8.8%		36.6%		10.3%

[a]Products may not exactly sum to totals due to rounding.

Source: Part B claims for nine states.

TABLE 1-2

AVERAGE ANNUAL PERCENT CHANGE IN VOLUME PER EPISODE

		ADJUSTED FOR		
DRG Group	Gross	Severity	Hospital-MD Characteristics/Location	Practice Patterns
Stroke	9.0%	8.4%	7.6%	3.3%
Pneumonia	9.1	8.7	8.0	3.4
Congestive Heart Failure	10.3	9.2	8.4	3.7
Miscellaneous Digestive Disorders	10.6	9.8	9.0	4.0
AMI	13.1	13.3	12.0	5.6
CABG Surgery	4.7	3.9	2.5	1.9
Major Bowel Procedures	6.6	5.6	4.4	3.3
Joint/Hip Procedures	2.9	3.3	2.6	1.9
TURPS	1.8	1.4	1.5	1.6
Cardiac Catheterization	1.1	0.4[a]	0.2[a]	-1.5

[a]Not significantly different from zero.

Source: Part B claims from nine states.

2.0 *DATA AND METHODS*

2.1 Data Sources

This project drew upon a unique data base: all Part A hospital and Part B physician claims for the time period 1985-1988 for nine states. The nine states were: Alabama, Arizona, Connecticut, Georgia, Kansas (including that part of the Kansas City MSA in Missouri), New Jersey, Oklahoma, Oregon, and Washington. These states were selected to represent the major regions of the country and to include a mix of urban and rural areas. The nine states combined represent over 15 percent of all Medicare beneficiaries in the U.S.

Part A and Part B claims were merged at the individual beneficiary-admission level, totalling over 1.3 million episodes for each year. Beneficiaries living outside the nine states were excluded, as were railroad retirees, and Medicare beneficiaries who were not eligible for Part B. The episode of care was defined as the inpatient stay, seven days prior to admission, and 30 days postdischarge. Transferred cases were treated as separate observations, with flags indicating whether the case had been transferred out, or received in from another hospital.

HISKEW eligibility data were merged onto each case, providing information on beneficiary characteristics. Hospital characteristics (e.g. location, teaching status, etc.) were obtained from HCFA's Provider of Service file. Because the DRG grouper software has been modified over time, we used the 1988 version to classify patients into DRGs for all four study years.

2.2 Construction of Quantity Index

A major policy concern has been that rising physician expenditures are largely due to increased volume, above and beyond that due to the growth in Medicare eligibles or that due to updates in prevailing charges. The disaggregated nature of our claims data is a major strength in that it allows us to pinpoint the kinds of services that have risen at disproportionate rates. The methodological problem with such disaggregation is how to combine services to get an overall picture of volume growth in the hospital setting.

To do this, we have constructed a price-weighted volume index, using Medicare Part B allowed charges as weights. The base period weights were obtained by calculating national average allowed charges for each unique combination of procedure code and modifier, using the 1987 BMAD procedure file. These base period values were then merged on (by procedure code and modifier) to each of the Part B claims in our nine states for each year.

The index values can be interpreted as national 1987 allowed charges. The advantages of using this index rather than actual allowed charges are: (1) we can purge Medicare fee updates from time trends; and (2) we can adjust for geographic variation in allowed charges when making inter-state comparisons.

3.0 *TIME TRENDS IN INPATIENT PHYSICIAN SPENDING*

3.1 Growth in Spending Per Episode

Medicare Part B physician spending increased 36 percent per episode in just four years (see Table 3-1). Rates of increase were slightly higher for medical DRGs than for surgical DRGs, 37 versus 34 percent. Absolute levels of spending are considerably higher for surgical DRGs, however, averaging three times that of medical DRGs. (All dollars cited are nominal.)

Not surprisingly, physician spending grew far more rapidly in the pre- and post-periods of the episode, relative to the inpatient stay itself. Mean expenditures increased 63 percent during the seven days immediately prior to admission, and 50 percent during the 30 days following discharge (Table 3-2). Preadmission spending increased somewhat more rapidly for surgical DRGs than for medical DRGs (66 vs. 60%).

Rates of increase for the inpatient stay itself mirror that of the total episode (36%). Although pre- and post-spending have been growing more rapidly, the actual dollars involved are quite small and make only a small contribution to the overall rate of increase. Of the $386 increase in episode spending from 1985 to 1988, for example, only 20 percent ($77) can be attributed to increases in pre- and post-expenditures.

Nevertheless, there has been a slight increase over time in the proportion of episode spending incurred during the pre- and post-periods, from 15 to 16 percent (Table 3-3). While it would appear that the pre-/post-shares are growing more rapidly for medical DRGs, this is largely an artifact of their much lower levels of spending, compared with surgical DRGs. We saw from Table 3-2 that the actual dollars spent in the pre- and post-periods are greater for surgical than for medical DRGs ($238 vs. $218).

3.2 Decomposition of the Growth in Spending

The 36 percent increase in expenditures reflects real growth in services, as well as allowed charge updates over the 1985-1988 period. In order to determine the relative

contribution of each factor, we decomposed physician spending per episode as follows:

$$\frac{\$}{E} = \frac{Days_i}{Adm} * \frac{Q_i}{Day_i} * \frac{\$_i}{Q_i} + \frac{Days_p}{Pre/post} * \frac{Q_p}{Day_p} * \frac{\$_p}{Q_p}$$

where

$/E = physician spending per episod;

Days/Adm = length of stay;

Q/Day = quantity of services per day;

$/Q = price per service;

Days/pre/post= number of days in the pre-/post-period (a constant)*;

and the subscripts $_i$ and $_p$ refer to the inpatient stay and pre-/post-periods, respectively.

Spending can rise with increases in the length of stay (Days/Adm), with increases in service intensity (Q/Day), or with increases in physician fees ($/Q). Table 3-4 shows the rate of change for each of these components over the 1985-1988 time period. Our measure of Q is derived from the price-weighted quantity index described in Chapter 2. Since the index used national 1987 prices as weights, these quantities can also be interpreted as 1987 dollars.

Both volume and price increases appear to have contributed to the overall growth in physician spending. Average prices rose 9-10 percent, with most of the increase occurring in 1987-88 after the fee freeze was lifted. While hospital stays have fallen somewhat, the intensity of both the average inpatient day and the average pre-/post-day has increased. The typical patient in 1988 received 30 percent more services per inpatient day and 37 percent more during the pre-/post-periods, compared with the typical patient in 1985, <u>not controlling for shifts in casemix over this time period.</u>

Increases in the overall quantity of services per episode are summarized in Table 3-5. Volume per episode grew 27 percent for medical DRGs, and somewhat more slowly for surgical DRGs (21%).

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*The pre/post intervals are fixed at 7 and 30 days, respectively, over the study period.

3.3 Time Trends by DRG

These aggregate trends may mask the fact that average casemix is growing more complex over time. For this reason, we examined similar trends for individual DRGs. Table 3-6 presents mean allowed charges per episode for 35 high-volume, high-physician cost DRGs.* These DRGs represent 51 percent of admissions and 48 percent of physician inpatient expenditures. There is considerable variation in the rate of spending increase across DRGs, from 11 percent in the case of TURPs (DRGs 336 and 337) to 61 percent for uncomplicated AMIs (DRG 122). Other DRGs whose spending increased at above average rates include complicated AMIs (121), miscellaneous digestive disorders (182), bone disorders (244), diabetes (294), and miscellaneous metabolic disorders (296).

Trends in volume per episode (Table 3-7) show a similar pattern. Of particular interest are the two AMI DRGs (121 and 122); the quantity of services grew 48 and 56 percent, respectively, in just four years. By contrast, some DRGs, such as TURP, show almost no change in service intensity over the same period.

Changes in length of stay may be one explanation for these varying rates of growth in quantity (Table 3-8). While average length of stay fell 4 percent, TURP patients were discharged more than a day earlier in 1988 than in 1985 (with length of stay declines of 17-22%). Length of stay reductions can not be the sole explanation, however, as AMI patients also were discharged much more quickly by 1988. In order to better understand these time trends, we need to look more closely at the changing mix of services provided to patients. This is the focus of the following section.

3.4 Changes in Physician Services Within-DRG

We selected a subset of DRGs for more in-depth study. These included 16 DRGs of the 35 shown in Tables 3-6 through 3-8, chosen to reflect a mix of medical and surgical DRGs and

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*Similar tables for all DRGs can be found in the Appendix. These tables include trends in allowed charges and volume (for both the total episode and inpatient only), length of stay, and the number of admissions.

to represent the major body systems. In addition, we included all pairs (i.e. with and without complicating conditions), even if the uncomplicated DRG had not been included in the tables, for a total of 20 DRGs in all. This subset of 20 DRGs is also the basis for the DRG-specific work presented in Chapter 4, as well as the regressions in Chapter 6.

All of the DRG-specific tables that follow in this chapter follow the same format. We present a more detailed discussion of the first table and then summarize the others quickly. Table 3-9 displays trends for DRG 14: specific cerebrovascular disorders (stroke). The total number of stroke admissions in our nine states remained fairly stable over the four-year time period, while length of stay declined 7.5 percent. The number of physicians refers to the number associated with the inpatient stay only (excluding the pre- and post-periods). This number increased steadily from 1985 to 1988 and may be one explanation for the overall increase in spending. It should be noted, however, that this number actually refers to the number of provider IDs, not individual practitioners; in the case of group practices, we may actually be underestimating the number of different physicians associated with a patient's hospital care.

The quantity of services provided during the week prior to admission grew over 50 percent (53.6%) from 1985 to 1988. This appears largely due to a growing number of tests; the number of x-rays, lab tests, and more specialized tests like ECGs increased 66 percent. The number of medical care services (primarily visits) grew more slowly: 32 percent.

The volumes of all types of inpatient services (except anesthesia) grew over this time period. Rates of increase were particularly high for cardiac tests (which include ECGs, stress tests, echocardiography, and the like). Although their rates of increase were slower, medical care (including hospital visits) and radiology were major contributors to the overall increase because of their high absolute levels.

The number of services provided during the month following discharge grew 37 percent. Again, the increase was particularly rapid for all types of tests.

The bottom of the table summarizes time trends in both quantity and allowed charges for the episode as a whole. Finally, we see that assignment (defined as the percent of allowed charges accepted on assignment during the episode) increased slightly (6.8%) during this time period.

Table 3-10 presents similar data for transient ischemic attacks (DRG 15). Again, we observe rapid increases in diagnostic testing, both in and out of the hospital. During the inpatient stay, physician volume grows particularly rapidly for MRI scans (although absolute dollars are small) and for cardiac testing.

Tables 3-11 and 3-12 display trends for pneumonia admissions with (DRG 89) and without (DRG 90) complicating conditions. Particularly noteworthy are the increased number of tests both before and after hospitalization, and (for DRG 89 only) the increased number of special tests during the inpatient stay.

Although total volume grew relatively slowly (12.6%) for CABG surgery with cardiac catheterization (DRG 106), there were rapid increases for some services, notably critical care visits (Table 3-13). Physicians almost doubled the number of critical care visits provided during these admissions, although length of stay remained unchanged. There was a noteworthy increase in the assignment rate: from 62 to 76 percent. Patterns for DRG 107 (CABG surgery without cardiac catheterization, Table 3-14) were similar, although not as pronounced. The use of assistant surgeons increased relatively rapidly for both of these CABG DRGs (31 and 47%), one of the few cases in which this occurred. Most surgical DRGs showed only modest increases in assistant surgery.

Earlier we saw that AMI admissions exhibited some of the fastest rates of increase for both allowed charges and volume per episode. Here in Table 3-15, we observe that the volume of physician services grew rapidly both before, during, and after admission for AMIs with cardiovascular complications (DRG 121); quantity grew more than 40 percent in all three time periods. Nevertheless, the quantity of services provided during the pre- and post-periods is still relatively small compared with that provided during the admission itself. Of the 413.65 additional services provided during these AMI episodes (1282.56-868.91), over 80 percent were provided during hospitalization.

Rates of increase were particularly rapid for critical care visits and for surgery. In fact, increased surgical quantity accounted for over one-half of the volume increase during the hospital stay. By 1988, surgery represented over one-third of the services provided to complicated AMI patients. Since AMI admissions are considered medical DRGs, this seemed puzzling so we reviewed the actual surgical procedures received by these patients. These surgeries were found to largely consist of cardiac catheterizations.*

Not surprisingly, given these large increases, more physicians became involved with these AMI cases over time. The typical patient in DRG 121 received services from 6.6 providers in 1988, up from 5.7 in 1985.

Patients with uncomplicated AMIs (DRG 122) exhibit similar, but even more pronounced, trends (see Table 3-16). Surgical quantity almost doubled from 1985 to 1988, again largely due to the increased number of cardiac catheterizations. High rates of increase were also observed for preadmission testing, critical care visits, special tests, and for cardiac catheterization-related services (i.e. anesthesia and assistant surgery).

Spending for AMI patients who died during hospitalization (DRG 123) grew considerably more slowly: only 37 percent (see Table 3-17). Of note here are the historically high assignment rates, substantially above those received by surviving AMI patients.

Tables 3-18 and 3-19 present trends for cardiac catheterization patients with and without complex diagnoses (DRGs 124 and 125, respectively). Volume rose only slightly for these cases, especially for the inpatient portion of the episode. The more rapid rate of growth in "other medical care" during hospitalization was due to an increased number of critical care visits (not shown).

TURP admissions are particularly noteworthy because spending per episode increased only slightly and volume remained more or less constant over the four year period. From Tables 3-20 and 3-21, we can see that fairly dramatic reductions in length of stay were accompanied by reductions in service intensity, particularly for radiology (both DRGs) and for consultations and special tests (DRG 337 only).

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*While there are two DRGs for cardiac catheterization, the DRG grouper algorithm specifically exclude patients with a principal diagnosis of AMI from these DRGs.

While there was a definite shift toward more testing during the pre- and post-periods, the net effect on total episode volume was relatively small.

Similar tables follow for heart failure (Table 3-22), major bowel procedures with and without complicating conditions (Tables 3-23 and 3-24), miscellaneous digestive disorders with and without complicating conditions (Table 3-25 and 3-26), major joint procedures (Table 3-27), and hip/femur procedures (Table 3-28).

TABLE 3-1

TRENDS IN TOTAL PHYSICIAN ALLOWED CHARGES PER EPISODE

	All DRGs	Medical DRGs	Surgical DRGs
1985	$1,000	$686	$1,952
1986	1,092	744	2,116
1987	1,269	857	2,380
1988	1,386	942	2,606
Percent Change	36.2%	37.4%	33.5%

Source: Part B claims for nine states.

TABLE 3-2

DECOMPOSITION OF INCREASE IN EPISODE SPENDING[a]

	ALL DRGS			MEDICAL DRGS			SURGICAL DRGS		
	Pre	Inpatient	Post	Pre	Inpatient	Post	Pre	Inpatient	Post
1985	$30	$854	$116	$25	$542	$118	$44	$1,800	$109
1986	34	930	127	28	587	129	52	1,942	123
1987	41	1,083	145	33	676	148	61	2,181	138
1988	49	1,163	174	40	725	178	73	2,368	165
Percent Change	63.3%	36.2%	50.0%	60.0%	33.8%	50.8%	65.9%	31.6%	51.4%

[a]Pre, inpatient, and post charges may not sum to exact totals shown elsewhere because of rounding.

Source: Part B claims for nine states.

TABLE 3-3

PERCENT OF EPISODE CHARGES DURING THE PRE/POST PERIOD

DRGs	1985	1986	1987	1988
All	14.6%	14.8%	14.7%	16.1%
Medical	20.9	21.1	21.1	23.0
Surgical	7.8	8.2	8.4	9.1

Source: Part B claims for nine states.

TABLE 3-4

DECOMPOSITION OF PHYSICIAN SPENDING PER EPISODE[a]

			INPATIENT STAY				PRE/POST PERIOD		
	$ / E	=	Days / Adm	*	Q / Day	*	$ / Q	+	Q / Day	*	$ / Q
1985	$1,000		8.6		92.7		$1,072		4.1		$0.97
1986	1,092		8.4		101.2		1.094		4.4		0.99
1987	1,269		8.6		107.8		1.168		4.8		1.06
1988	1,386		8.3		120.1		1.166		5.6		1.07
Percent Change	36.2%		-4.1%		29.6%		8.8%		36.6%		10.3%

[a]Products may not exactly sum to totals due to rounding.

Source: Part B claims for nine states.

TABLE 3-5

TRENDS IN PHYSICIAN VOLUME PER EPISODE[a]

	All DRGs	Medical DRGs	Surgical DRGs
1985	947	610	1,967
1986	1,013	652	2,074
1987	1,103	705	2,177
1988	1,204	776	2,384
Percent Change	27.2%	27.1%	21.2%

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 3-6

TRENDS IN TOTAL PHYSICIAN ALLOWED CHARGES PER EPISODE BY DRG

DRG	1985	1986	1987	1988	Percent Change
14 - Specific Cerebrovascular Disorders	$763	$839	$986	$1,064	39.3%
15 - Transient Ischemic Attacks	623	666	771	835	34.2
79 - Respiratory Infections with C.C.	786	833	938	968	23.1
88 - Chronic Obstructive Pulmonary Disease	644	706	814	853	32.5
89 - Pneumonia w/ C.C.	572	623	736	763	33.3
96 - Bronchitis and Asthma w/ C.C.	519	574	673	710	37.0
106 - CABG w/ Cardiac Catheterization	5,992	6,463	7,354	7,783	29.9
107 - CABG w/o Cardiac Catheterization	5,295	5,884	6,445	6,572	24.1
110 - Major Reconstructive Vascular Procedures w/o Pump, w/ C.C.	3,907	4,047	4,511	4,882	25.0
112 - Vascular Procedures, excluding Major Reconstructive	2,139	2,140	2,340	2,590	21.1
121 - AMI w/ Cardiac Complications	1,041	1,173	1,415	1,576	51.5
122 - AMI w/o Cardiac Complications	1,054	1,222	1,438	1,699	61.1
124 - Cardiac Catheterization w/ Complex Dx	1,421	1,509	1,559	1,732	21.9
125 - Cardiac Catheterization w/o Complex Dx	1,144	1,215	1,228	1,332	16.4
127 - Congestive Heart Failure	598	645	753	824	37.8
138 - Cardiac Arrhythmias w/ C.C.	609	650	758	832	36.7
140 - Angina Pectoris	506	543	610	698	37.8
143 - Chest Pain	443	480	554	609	37.4
148 - Major Bowel Procedures	2,569	2,753	3,041	3,305	28.7
154 - Stomach Procedures w/ C.C.	2,448	2,559	2,874	3,086	26.1
174 - GI Hemorrhage w/ C.C.	720	776	895	986	36.8
182 - Miscellaneous Digestive Disorders w/ C.C.	571	639	750	833	45.9
197 - Cholecystectomy w/o Common Duct Exploration, w/ C.C.	1,831	1,910	2,059	2,186	19.4
209 - Major Joint Procedures	3,061	3,140	3,316	3,534	15.5

TABLE 3-6 (continued)

TRENDS IN TOTAL PHYSICIAN ALLOWED CHARGES PER EPISODE BY DRG

DRG	1985	1986	1987	1988	Percent Change
210 - Hip and Femur Procedures, w/ C.C.	$2,242	$2,319	$2,527	$2,637	17.6%
236 - Hip Fractures	1,500	1,620	1,767	1,899	26.6
243 - Major Back Problems	750	804	789	863	15.0
244 - Bone Disorder/Arthritis, w/ C.C.	1,826	2,189	2,572	2,758	51.1
294 - Diabetes	483	540	623	695	43.7
296 - Miscellaneous Metabolic Disorders, w/ C.C.	544	608	715	792	45.7
320 - Kidney/Urinary Tract Infections, w/ C.C.	531	573	690	737	38.9
336 - TURP, w/ C.C.	1,717	1,749	1,858	1,905	10.9
337 - TURP w/o C.C.	1,464	1,498	1,583	1,621	10.7
416 - Septicemia	519	561	597	703	35.3
430 - Psychoses	727	833	958	1,019	40.1
Medical DRGs	**686**	**744**	**857**	**942**	**37.4**
Surgical DRGs	**1,952**	**2,116**	**2,380**	**2,606**	**33.5**
ALL	**1,000**	**1,092**	**1,269**	**1,386**	**36.2**

Source: Part B claims for nine states.

TABLE 3-7

TRENDS IN PHYSICIAN VOLUME PER EPISODE BY DRG[a]

DRG	1985	1986	1987	1988	Percent Change
14 - Specific Cerebrovascular Disorders	$632	$687	$761	$824	30.3%
15 - Transient Ischemic Attacks	606	643	689	743	22.7
79 - Respiratory Infections with C.C.	613	643	691	719	17.3
88 - Chronic Obstructive Pulmonary Disease	536	583	633	673	25.5
89 - Pneumonia w/ C.C.	470	504	563	587	24.7
96 - Bronchitis and Asthma w/ C.C.	447	484	537	571	27.8
106 - CABG w/ Cardiac Catheterization	6,664	6,737	6,935	7,504	12.6
107 - CABG w/o Cardiac Catheterization	5,508	5,800	5,866	6,296	14.3
110 - Major Reconstructive Vascular Procedures w/o Pump, w/ C.C.	3,834	3,901	4,069	4,435	15.7
112 - Vascular Procedures, excluding Major Reconstructive	2,099	2,110	2,250	2,303	9.7
121 - AMI w/ Cardiac Complications	869	991	1,139	1,283	47.6
122 - AMI w/o Cardiac Complications	944	1,112	1,245	1,475	56.3
124 - Cardiac Catheterization w/ Complex Dx	1,451	1,526	1,465	1,592	9.8
125 - Cardiac Catheterization w/o Complex Dx	1,212	1,278	1,197	1,279	5.6
127 - Congestive Heart Failure	498	527	585	640	28.7
138 - Cardiac Arrhythmias w/ C.C.	556	588	640	699	25.6
140 - Angina Pectoris	474	505	531	604	27.3
143 - Chest Pain	452	476	518	559	23.8
148 - Major Bowel Procedures	2,500	2,613	2,716	2,962	18.5
154 - Stomach Procedures w/ C.C.	2,336	2,360	2,470	2,689	15.1
174 - GI Hemorrhage w/ C.C.	677	715	773	855	26.3
182 - Miscellaneous Digestive Disorders w/ C.C.	533	582	639	707	32.6
197 - Cholecystectomy w/o Common Duct Exploration, w/ C.C.	1,809	1,838	1,867	1,995	10.3
209 - Major Joint Procedures	3,292	3,290	3,323	3,541	7.6

TABLE 3-7 (continued)

TRENDS IN PHYSICIAN VOLUME PER EPISODE BY DRG[a]

DRG	1985	1986	1987	1988	Percent Change
210 - Hip and Femur Procedures, w/ C.C.	$2,143	$2,190	$2,252	$2,367	10.5%
236 - Hip Fractures	1,465	1,546	1,592	1,730	18.1
243 - Major Back Problems	693	731	659	725	4.5
244 - Bone Disorder/Arthritis, w/ C.C.	1,842	2,153	2,417	2,657	44.2
294 - Diabetes	407	439	474	532	30.6
296 - Miscellaneous Metabolic Disorders, w/ C.C.	465	506	560	619	33.1
320 - Kidney/Urinary Tract Infections, w/ C.C.	460	477	540	582	26.4
336 - TURP w/ C.C.	1,582	1,583	1,574	1,615	2.0
337 - TURP w/o C.C.	1,136	1,147	1,201	1,230	8.3
416 - Septicemia	543	577	635	701	29.2
430 - Psychoses	445	520	561	608	36.6
Medical DRGs	**610**	**652**	**705**	**776**	**27.1**
Surgical DRGs	**1,967**	**2,074**	**2,177**	**2,384**	**21.2**
ALL	**947**	**1,013**	**1,103**	**1,204**	**27.2**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 3-8

TRENDS IN LENGTH OF STAY (DAYS) BY DRG[a]

DRG	1985	1986	1987	1988	Percent Change
14 - Specific Cerebrovascular Disorders	11.2	10.8	11.1	10.4	-7.5%
15 - Transient Ischemic Attacks	5.8	5.6	5.8	5.6	-3.8
79 - Respiratory Infections with C.C.	12.4	12.0	12.1	11.4	-7.4
88 - Chronic Obstructive Pulmonary Disease	8.0	8.1	8.0	7.6	-5.9
89 - Pneumonia w/ C.C.	9.1	8.9	9.1	8.8	-3.3
96 - Bronchitis and Asthma w/ C.C.	7.3	7.3	7.4	7.1	-2.1
106 - CABG w/ Cardiac Catheterization	15.3	15.6	15.8	15.3	-0.1
107 - CABG w/o Cardiac Catheterization	12.9	12.6	12.7	11.9	-8.1
110 - Major Reconstructive Vascular Procedures w/o Pump, w/ C.C.	16.6	16.2	16.2	15.0	-9.7
112 - Vascular Procedures, excluding Major Reconstructive	10.3	9.0	7.3	6.6	-36.0
121 - AMI w/ Cardiac Complications	12.0	11.6	11.6	10.9	-9.5
122 - AMI w/o Cardiac Complications	10.3	9.7	9.4	8.9	-13.2
124 - Cardiac Catheterization w/ Complex Dx	6.5	6.4	6.2	5.9	-9.0
125 - Cardiac Catheterization w/o Complex Dx	3.5	3.4	3.1	2.9	-15.4
127 - Congestive Heart Failure	8.3	8.1	8.2	8.0	-2.9
138 - Cardiac Arrhythmias w/ C.C.	6.6	6.4	6.5	6.3	-4.6
140 - Angina Pectoris	5.2	4.9	4.9	4.8	-6.3
143 - Chest Pain	3.9	3.8	3.8	3.6	-8.6
148 - Major Bowel Procedures	18.0	17.7	17.5	16.6	-7.9
154 - Stomach Procedures w/ C.C.	17.4	16.9	17.0	15.8	-9.7
174 - GI Hemorrhage w/ C.C.	7.3	7.2	7.1	6.9	-5.7
182 - Miscellaneous Digestive Disorders w/ C.C.	6.3	6.3	6.5	6.4	1.4
197 - Cholecystectomy w/o Common Duct Exploration, w/ C.C.	11.5	11.3	10.9	10.3	-10.6
209 - Major Joint Procedures	13.7	13.1	12.5	12.1	-11.5
210 - Hip and Femur Procedures, w/ C.C.	16.9	16.0	15.9	14.6	-13.3

TABLE 3-8 (continued)

TRENDS IN LENGTH OF STAY (DAYS) BY DRG[a]

DRG	1985	1986	1987	1988	Percent Change
236 - Hip Fractures	13.3	12.2	12.3	11.7	-11.8%
243 - Major Back Problems	7.6	7.2	7.0	6.7	-11.9
244 - Bone Disorder/Arthritis, w/ C.C.	11.3	11.4	11.4	11.0	-2.5
294 - Diabetes	7.6	7.5	7.6	7.5	-1.5
296 - Miscellaneous Metabolic Disorders, w/ C.C.	8.4	8.2	8.6	8.3	-1.1
320 - Kidney/Urinary Tract Infections, w/ C.C.	8.3	8.4	8.9	8.4	1.3
336 - TURP w/C.C.	8.3	7.7	7.2	6.9	-17.3
337 - TURP w/o C.C.	5.7	5.2	4.7	4.4	-21.8
416 - Septicemia	10.7	10.5	10.7	10.4	-6.3
430 - Psychoses	17.5	14.6	15.1	14.3	-18.3
Medical DRGs	**8.0**	**7.7**	**7.9**	**7.6**	**-4.6**
Surgical DRGs	**10.5**	**10.5**	**10.6**	**10.0**	**-4.6**
ALL	**8.6**	**8.4**	**8.6**	**8.3**	**-4.1**

Source: Part B claims for nine states.

TABLE 3-9

TRENDS FOR DRG14: SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	39036.00	40870.00	42897.00	40107.00	2.7
Length of Stay (days)	11.24	10.77	11.12	10.40	-7.5
Number of Physicians	5.67	5.79	6.16	6.47	14.2
Prior to Admission (7 days):					
Total Quantity	22.51	25.94	30.11	34.34	52.6
Medical care	6.99	7.32	8.17	9.25	32.2
Tests[a]	6.67	7.79	8.93	11.09	66.2
During Admission:					
Total Quantity	516.80	557.75	620.14	659.77	27.7
Hospital visits	125.45	134.86	150.36	159.56	27.2
Other medical care	33.15	35.73	39.92	44.07	33.0
Consults	63.22	66.47	75.88	79.02	25.0
Surgery	34.18	37.02	39.65	41.28	20.8
Anesthesia	4.41	4.10	3.76	3.53	-20.0
Assistant surgery	0.65	0.70	0.63	0.73	12.0
CT scans	2.46	2.68	3.06	3.45	40.3
MRI scans	2.32	2.20	2.71	2.31	-0.4
Other radiology	132.78	141.04	152.38	159.21	19.9
Cardiac tests	44.45	58.14	67.28	76.30	54.5
Other special tests	12.66	12.88	14.63	15.44	22.0
Other	60.91	63.34	71.91	76.85	26.2
Post Discharge (30 days):					
Total Quantity	92.19	101.06	107.87	126.56	37.3
Medical care	31.17	33.80	35.30	39.60	27.1
Tests[a]	21.94	25.15	27.51	34.48	57.2
DME	13.31	12.49	13.02	13.19	-0.9
Total Episode:					
Total Quantity	630.26	683.95	757.47	820.04	30.1
Allowed Charges ($)	760.07	834.59	980.91	1058.94	39.3
Assignment Rate (%)	71.72	70.68	73.87	76.62	6.8

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-10

TRENDS FOR DRG 15: TRANSIENT ISCHEMIC ATTACK AND PRECEREBRAL OCCLUSIONS

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	20734.00	20555.00	20853.00	19394.00	-6.5
Length of Stay (days)	5.79	5.58	5.80	5.57	-3.8
Number of Physicians	5.04	5.18	5.47	5.73	13.7
Prior to Admission (7 days):					
Total Quantity	26.92	30.07	32.43	37.16	38.0
Medical care	8.12	8.44	9.04	9.88	21.6
Tests[a]	10.63	12.46	13.04	15.01	41.1
During Admission:					
Total Quantity	468.95	496.05	529.07	556.25	18.6
Hospital visits	105.59	113.70	121.84	128.33	21.5
Other medical care	20.48	21.83	25.32	28.44	38.9
Consults	47.67	49.83	57.00	58.51	22.7
Surgery	29.77	26.94	21.92	24.60	-17.4
Anesthesia	4.50	3.13	1.76	1.81	-59.8
Assistant surgery	1.33	1.21	0.37	0.25	-81.4
CT scans	2.99	3.17	3.66	3.98	32.8
MRI scans	3.52	3.49	4.37	6.06	72.2
Other radiology	157.80	158.40	163.88	160.59	1.8
Cardiac tests	56.94	72.49	81.89	91.71	61.1
Other special tests	12.06	12.66	13.76	14.99	24.3
Other	26.11	28.90	32.88	36.58	40.1
Post Discharge (30 days):					
Total Quantity	109.41	116.15	127.19	149.15	36.3
Medical care	34.40	36.32	38.31	41.38	20.3
Tests[a]	31.49	35.23	40.80	47.77	51.7
DME	7.80	7.38	7.48	8.26	6.0
Total Episode:					
Total Quantity	605.45	642.48	688.92	742.81	22.7
Allowed charges	622.41	666.02	770.52	835.38	34.2
Assignment Rate (%)	67.74	67.42	71.77	75.65	11.7

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-11

TRENDS FOR DRG 89: SIMPLE PNEUMONIA AND PLEURISY AGE>17 WITH CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	32871.00	39506.00	41621.00	44020.00	33.9
Length of Stay (days)	9.09	8.94	9.09	8.79	-3.3
Number of Physicians	4.62	4.72	5.03	5.20	12.6
Prior to Admission (7 days):					
Total Quantity	24.15	26.43	31.04	34.05	41.0
Medical care	7.66	8.05	8.90	9.74	27.2
Tests[a]	6.72	7.37	8.30	10.10	50.2
During Admission:					
Total Quantity	336.02	359.47	400.83	410.03	22.0
Hospital visits	110.91	118.56	130.09	137.60	24.1
Other medical care	24.55	26.57	29.73	30.03	22.3
Consults	29.71	31.55	36.38	35.49	19.5
Surgery	37.89	39.24	43.00	38.19	0.8
Anesthesia	2.52	2.10	2.36	1.78	-29.4
Assistant surgery	0.17	0.16	0.22	0.19	7.7
Radiology	56.61	60.46	66.39	68.74	21.4
Special tests	20.03	24.26	26.78	28.17	40.7
Other	53.35	56.09	65.24	69.68	30.6
Post Discharge (30 days):					
Total Quantity	109.95	117.63	130.48	141.68	28.9
Medical care	35.63	36.35	37.59	39.39	10.6
Tests[a]	25.25	27.71	31.09	35.68	41.3
DME	23.70	25.34	27.90	26.91	13.6
Total Episode:					
Total Quantity	470.35	502.70	560.31	583.85	24.1
Allowed Charges ($)	572.05	620.30	731.80	758.51	32.6
Assignment Rate (%)	74.22	73.28	75.69	78.55	5.8

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-12

TRENDS FOR DRG 90: SIMPLE PNEUMONIA AND PLEURISY AGE>17 WITHOUT CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	10717.00	10543.00	8856.00	8065.00	-24.8
Length of Stay (days)	7.39	7.00	6.81	6.54	-11.5
Number of Physicians	4.15	4.14	4.31	4.47	7.8
Prior to Admission (7 days):					
Total Quantity	21.54	22.97	26.06	29.62	37.5
Medical care	8.49	8.98	9.62	10.21	20.2
Tests[a]	6.75	7.38	8.29	9.31	37.9
During Admission:					
Total Quantity	276.30	276.93	291.90	301.90	9.3
Hospital visits	106.40	112.84	120.16	126.27	18.7
Other medical care	19.08	19.20	19.98	23.17	21.5
Consults	21.32	19.09	20.03	19.83	-7.0
Surgery	29.57	23.13	21.15	18.34	-38.0
Anesthesia	2.61	1.37	1.18	1.01	-61.3
Assistant surgery	0.42	0.09	0.11	0.12	-72.0
Radiology	50.04	51.22	53.90	54.19	8.3
Special tests	15.30	14.91	15.42	16.99	11.1
Other	31.78	35.28	40.19	42.20	32.8
Post Discharge (30 days):					
Total Quantity	87.65	90.07	100.55	111.02	26.7
Medical care	32.63	33.47	35.55	36.61	12.2
Tests[a]	24.25	26.73	29.43	33.96	40.1
DME	9.24	7.97	8.49	8.62	-6.7
Total Episode:					
Total Quantity	385.47	389.95	418.46	442.50	14.8
Allowed charges	455.41	465.27	524.86	548.82	20.5
Assignment Rate (%)	70.50	68.38	69.90	73.05	3.6

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-13

TRENDS FOR DRG 106: CORONARY BYPASS WITH CARDIAC CATHETERIZATION

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	3770.00	4987.00	6279.00	6247.00	65.7
Length of Stay (days)	15.33	15.60	15.82	15.31	-0.1
Number of Physicians	8.71	8.65	8.98	9.65	10.8
Prior to Admission (7 days):					
Total Quantity	49.01	50.50	51.98	59.74	21.9
Medical care	10.49	10.23	10.31	11.42	8.9
Tests[a]	24.50	26.59	27.01	31.74	29.5
During Admission:					
Total Quantity	6480.97	6539.91	6731.13	7271.21	12.2
Hospital visits	136.67	152.15	173.59	186.03	36.1
Critical care visits	40.28	56.82	69.16	78.39	94.6
Other medical care	8.75	10.81	11.39	12.64	44.6
Consults	79.97	85.90	101.09	102.77	28.5
Surgery	4646.11	4712.13	4822.20	5114.77	10.1
Anesthesia	700.82	659.13	625.58	704.72	0.6
Assistant surgery	555.28	547.32	591.96	725.26	30.6
Radiology	150.03	154.52	161.60	162.28	8.2
Special tests	131.31	134.28	144.11	150.66	14.7
Other	32.51	27.70	31.28	34.34	5.6
Post Discharge (30 days):					
Total Quantity	132.41	143.77	147.64	168.77	27.5
Medical care	43.51	45.95	47.97	49.05	12.7
Tests[a]	59.43	61.17	63.46	72.28	21.6
DME	2.65	3.91	4.05	4.75	79.4
Total Episode:					
Total Quantity	6662.20	6734.03	6930.88	7499.72	12.6
Allowed Charges ($)	5991.51	6459.48	7349.26	7778.23	29.8
Assignment Rate (%)	61.54	58.58	70.42	75.86	23.3

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-14

TRENDS FOR DRG 107: CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	4055.00	4733.00	5406.00	5033.00	24.1
Length of Stay (days)	12.92	12.62	12.65	11.87	-8.1
Number of Physicians	7.59	7.71	7.89	8.10	6.7
Prior to Admission (7 days):					
Total Quantity	49.54	56.33	64.36	82.42	66.4
Medical care	5.87	4.92	4.25	6.47	10.2
Tests[a]	9.46	11.30	12.96	15.31	61.9
During Admission:					
Total Quantity	5330.57	5601.61	5652.27	6055.70	13.6
Hospital visits	80.08	77.06	90.05	93.24	16.4
Critical care visits	41.92	49.87	56.75	60.06	43.3
Other visits	3.20	3.48	3.71	4.75	48.4
Consults	65.63	59.39	61.99	64.15	-2.3
Surgery	3819.86	4108.17	4048.34	4302.07	12.6
Anesthesia	682.01	626.15	623.39	673.84	-1.2
Assistant surgery	447.81	477.66	555.65	657.27	46.8
Radiology	89.28	87.03	91.29	87.58	-1.9
Special tests	85.90	96.70	104.39	94.61	10.2
Other	15.51	17.32	17.78	19.17	23.5
Post Discharge (30 days):					
Total Quantity	127.02	139.50	146.32	154.20	21.4
Medical care	42.32	42.81	44.71	45.80	8.2
Tests[a]	57.50	64.36	68.69	70.47	22.6
DME	2.57	2.86	3.15	3.38	31.8
Total Episode:					
Total Quantity	5506.95	5797.30	5862.89	6292.23	14.3
Allowed Charges ($)	5293.70	5881.18	6440.66	6568.39	24.1
Assignment Rate (%)	65.26	64.82	70.28	73.87	13.2

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-15

TRENDS FOR DRG 121: ACUTE MYOCARDIAL INFARCTION WITH CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	9608.00	10738.00	12391.00	11917.00	24.0
Length of Stay (days)	12.01	11.65	11.57	10.87	-9.5
Number of Physicians	5.67	5.84	6.24	6.64	17.1
Prior to Admission (7 days):					
Total Quantity	21.86	25.94	28.65	31.27	43.1
Medical care	7.22	8.02	8.28	9.31	29.0
Tests[a]	6.05	6.73	7.04	9.38	55.0
During Admission:					
Total Quantity	694.78	809.52	947.96	1033.61	48.8
Hospital visits	130.69	140.85	151.51	159.13	21.8
Critical care visits	56.29	62.11	73.81	80.18	42.4
Other medical care	24.82	25.38	26.93	28.94	16.6
Consults	47.89	52.52	59.98	62.32	30.1
Surgery	210.82	279.16	348.06	388.49	84.3
Anesthesia	16.76	17.47	22.11	23.82	42.2
Assistant surgery	8.12	9.91	13.19	18.50	127.9
Radiology	64.15	67.83	76.38	78.78	22.8
Special tests	88.93	103.18	114.82	122.96	38.3
Other	46.55	51.19	61.04	70.33	51.1
Post Discharge (30 days):					
Total Quantity	152.22	155.42	161.76	217.44	42.9
Medical care	48.67	48.89	50.90	53.45	9.8
Tests[a]	46.08	48.08	51.82	59.77	29.7
DME	8.15	8.07	9.92	9.95	22.1
Total Episode:					
Total Quantity	868.91	991.03	1138.56	1282.56	47.6
Allowed Charges ($)	1040.37	1172.90	1414.50	1575.21	51.4
Assignment Rate (%)	63.12	63.30	69.04	73.13	15.9

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-16

TRENDS FOR DRG 122: ACUTE MYOCARDIAL INFARCTION WITHOUT CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	20949.00	20405.00	20943.00	18911.00	-9.7
Length of Stay (days)	10.26	9.68	9.41	8.91	-13.2
Number of Physicians	5.35	5.53	5.82	6.27	17.4
Prior to Admission (7 days):					
Total Quantity	20.81	22.60	26.03	30.34	45.8
Medical care	7.06	7.28	7.92	8.88	25.8
Tests[a]	5.94	6.52	7.03	8.66	45.7
During Admission:					
Total Quantity	776.40	937.64	1063.90	1226.26	57.9
Hospital visits	124.72	131.90	141.72	145.63	16.8
Critical care visits	45.08	47.45	55.67	65.54	45.4
Other medical care	21.64	23.42	24.62	27.26	26.0
Consults	44.72	46.98	52.80	56.84	27.1
Surgery	314.78	435.87	507.60	614.24	95.1
Anesthesia	29.54	34.77	38.01	43.73	48.0
Assistant surgery	21.76	25.48	29.42	39.20	80.2
Radiology	57.08	59.13	64.88	68.50	20.0
Special tests	75.37	91.21	100.03	107.04	42.0
Other	41.59	41.91	50.37	60.10	44.5
Post Discharge (30 days):					
Total Quantity	146.31	150.33	153.44	216.77	48.2
Medical care	43.67	43.27	44.09	46.74	7.0
Tests[a]	44.46	47.77	49.88	58.13	30.7
DME	6.39	5.77	6.40	5.73	-10.3
Total Episode:					
Total Quantity	943.44	1109.68	1242.89	1472.74	56.1
Allowed Charges ($)	1053.32	1219.56	1434.69	1695.27	61.0
Assignment Rate (%)	62.03	61.91	68.22	72.85	17.4

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-17

TRENDS FOR DRG 123: ACUTE MYOCARDIAL INFARCTION, EXPIRED

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	7610.00	7956.00	8389.00	7543.00	-0.88
Length of Stay (days)	6.13	5.96	6.13	5.65	-7.9
Number of Physicians	4.66	4.75	4.96	5.20	11.7
Prior to Admission (7 days):					
Total Quantity	21.43	25.30	34.48	32.59	52.0
Medical care	7.41	7.40	8.27	9.45	27.5
Tests[a]	6.12	6.70	7.78	8.92	45.9
During Admission:					
Total Quantity	739.02	768.79	887.30	927.30	25.5
Hospital visits	90.85	91.28	99.40	99.35	9.4
Critical care visits	63.36	67.46	78.77	90.13	42.3
Other medical care	23.70	24.63	26.73	29.14	23.0
Consults	57.42	57.57	64.52	67.42	17.4
Surgery	308.29	320.19	379.14	381.36	23.7
Anesthesia	25.10	23.00	26.86	28.54	13.7
Assistant surgery	11.56	12.70	13.83	20.90	80.8
Radiology	47.52	48.25	55.82	56.33	18.5
Special tests	76.15	84.69	96.07	104.38	37.1
Other	35.27	39.19	46.33	49.90	41.5
Total Episode:					
Total Quantity	766.68	797.41	926.59	962.25	25.5
Allowed Charges ($)	827.84	880.25	1073.12	1136.48	37.3
Assignment Rate (%)	81.15	81.08	80.15	84.77	4.5

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-18

TRENDS FOR DRG 124: CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATH AND COMPLEX DIAGNOSIS

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	7772.00	10166.00	11893.00	13068.00	68.1
Length of Stay (days)	6.46	6.35	6.19	5.88	-9.0
Number of Physicians	5.26	5.35	5.47	5.82	10.7
Prior to Admission (7 days):					
Total Quantity	38.26	38.09	38.35	47.84	25.0
Medical care	9.36	9.47	9.75	11.33	21.1
Tests[a]	19.69	20.40	20.24	25.06	27.2
During Admission:					
Total Quantity	1215.99	1307.10	1260.90	1295.26	6.5
Hospital visits	102.76	108.30	119.69	124.82	21.5
Other medical care	28.62	33.48	39.14	43.97	53.7
Consults	50.61	51.64	55.92	55.15	9.0
Surgery	791.26	866.42	785.58	806.85	2.0
Anesthesia	16.60	16.95	15.70	13.36	-19.5
Assistant surgery	6.83	7.08	7.17	6.98	2.2
Radiology	88.50	85.88	88.49	89.09	0.7
Special tests	89.58	107.15	117.82	118.99	32.8
Other	41.38	30.31	31.34	35.94	-13.2
Post Discharge (30 days):					
Total Quantity	196.24	180.14	165.21	248.99	26.9
Medical care	36.84	39.44	39.11	43.81	18.9
Tests[a]	38.85	43.43	42.52	51.53	32.7
DME	5.28	4.29	5.02	5.13	-2.8
Total Episode:					
Total Quantity	1450.55	1525.51	1464.37	1590.99	9.7
Allowed Charges ($)	1420.58	1509.00	1557.95	1729.83	21.8
Assignment Rate (%)	64.78	64.27	70.19	74.27	14.7

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-19

TRENDS FOR DRG 125: CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATH, W/O COMPLEX DIAGNOSIS

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	12587.00	14780.00	16781.00	16921.00	34.4
Length of Stay (days)	3.53	3.43	3.14	2.99	-15.4
Number of Physicians	4.35	4.37	4.36	4.55	4.8
Prior to Admission (7 days):					
Total Quantity	47.77	49.89	49.78	57.42	20.2
Medical care	10.13	10.32	9.88	11.54	14.0
Tests[a]	27.79	29.79	30.78	34.46	24.0
During Admission:					
Total Quantity	1007.24	1072.15	983.47	1009.90	0.3
Hospital visits	83.08	87.27	90.73	95.66	15.1
Other medical care	9.67	12.31	12.87	14.49	49.8
Consults	31.45	31.46	29.57	30.25	-3.8
Surgery	719.42	780.49	709.14	725.86	0.9
Anesthesia	11.81	11.75	5.59	5.07	-57.1
Assistant surgery	2.35	4.11	2.33	1.79	-23.9
Radiology	71.22	72.33	64.98	67.78	-4.8
Special tests	53.35	60.24	57.63	57.14	7.1
Other	25.04	12.26	10.65	11.97	-52.2
Post Discharge (30 days):					
Total Quantity	156.39	155.79	163.13	211.45	35.2
Medical care	33.83	34.88	36.67	39.24	16.0
Tests[a]	35.95	38.45	41.53	44.91	24.9
DME	2.26	2.24	1.97	2.54	12.6
Total Episode:					
Total Quantity	1211.55	1277.26	1195.40	1277.55	5.5
Allowed Charges ($)	1144.08	1214.72	1226.74	1330.23	16.3
Assignment Rate (%)	62.06	61.62	67.24	73.18	17.9

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-20

TRENDS FOR DRG 336: TRANSURETHRAL PROSTATECTOMY WITH CC

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	9163.00	10689.00	12978.00	12702.00	38.6
Length of Stay (days)	8.30	7.66	7.23	6.86	-17.3
Number of Physicians	6.10	6.14	6.16	6.24	2.3
Prior to Admission (7 days):					
Total Quantity	52.24	61.28	66.26	78.23	49.8
Medical care	12.85	14.26	14.11	15.26	18.8
Tests[a]	19.05	21.22	24.57	31.28	64.2
During Admission:					
Total Quantity	1632.26	1614.86	1608.69	1645.04	0.8
Hospital visits	66.78	68.87	71.64	74.76	12.0
Other medical care	9.19	9.23	9.27	9.22	0.4
Consults	50.86	50.04	50.23	50.59	-0.5
Surgery	1170.59	1157.87	1153.79	1180.36	0.8
Anesthesia	175.15	169.04	166.15	170.22	-2.8
Assistant surgery	3.61	2.65	2.69	3.31	-8.4
Radiology	67.95	64.10	61.40	60.08	-11.6
Special tests	17.14	18.84	18.20	19.36	13.0
Other	71.09	74.53	76.95	78.73	10.8
Post Discharge (30 days):					
Total Quantity	88.01	102.63	100.90	115.89	31.7
Medical care	23.60	24.71	24.32	25.60	8.5
Tests[a]	20.13	24.47	26.18	31.07	54.3
DME	7.05	7.67	6.94	7.56	7.2
Total Episode:					
Total Quantity	1772.52	1778.06	1775.35	1838.61	3.7
Allowed Charges ($)	1716.85	1748.48	1855.44	1902.37	10.8
Assignment Rate (%)	57.47	52.80	58.02	62.70	9.1

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-21

TRENDS FOR DRG 337: TRANSURETHRAL PROSTATECTOMY WITHOUT CC

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	13510.00	14347.00	16842.00	13989.00	3.6
Length of Stay (days)	5.68	5.18	4.71	4.45	-21.8
Number of Physicians	5.22	5.20	5.20	5.28	1.1
Prior to Admission (7 days):					
Total Quantity	56.37	65.30	70.59	79.64	41.3
Medical care	13.06	13.91	13.00	13.69	4.9
Tests[a]	21.34	24.23	27.17	32.68	53.1
During Admission:					
Total Quantity	1463.08	1443.93	1429.85	1448.45	-1.0
Hospital visits	42.04	42.09	41.30	43.96	4.6
Other medical care	3.46	3.03	2.81	2.67	-22.8
Consults	25.22	22.65	21.76	21.54	-14.6
Surgery	1123.09	1114.48	1107.43	1119.84	-0.3
Anesthesia	163.14	158.49	157.03	161.65	-0.9
Assistant surgery	1.55	1.60	1.28	2.24	44.7
Radiology	34.17	30.79	26.16	23.39	-31.6
Special tests	10.15	9.90	8.57	7.74	-23.8
Other	60.41	62.53	64.58	66.83	10.6
Post Discharge (30 days):					
Total Quantity	62.85	71.93	71.59	85.31	35.7
Medical care	15.66	15.69	15.79	16.86	7.7
Tests[a]	16.34	18.64	19.67	25.56	56.4
DME	1.89	1.49	0.99	1.29	-31.7
Total Episode:					
Total Quantity	1581.74	1580.63	1571.60	1612.82	2.0
Allowed Charges ($)	1464.29	1496.04	1579.76	1618.58	10.5
Assignment Rate (%)	50.32	45.09	50.14	54.71	8.7

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-22

TRENDS FOR DRG 127: HEART FAILURE AND SHOCK

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	59418.00	64681.00	69761.00	68559.00	15.4
Length of Stay (days)	8.28	8.09	8.21	8.05	-2.9
Number of Physicians	4.85	4.94	5.22	5.51	13.6
Prior to Admission (7 days):					
Total Quantity	23.41	24.42	27.88	32.05	36.9
Medical care	7.74	8.01	8.75	9.74	25.8
Tests[a]	6.98	7.65	8.65	10.53	51.0
During Admission:					
Total Quantity	347.42	372.06	410.44	441.69	27.1
Hospital visits	107.62	114.86	124.30	131.62	22.3
Other medical care	34.83	37.85	43.15	46.66	34.0
Consults	34.30	36.18	41.84	44.58	30.0
Surgery	31.77	32.24	32.89	34.04	7.1
Anesthesia	1.84	1.49	1.44	1.48	-19.7
Assistant surgery	0.27	0.24	0.14	0.17	-36.6
Radiology	51.88	55.06	59.74	62.89	21.2
Special tests	47.46	57.03	64.58	72.49	52.7
Other	37.43	38.79	44.86	50.33	34.5
Post Discharge (30 days):					
Total Quantity	125.88	128.24	142.84	162.78	29.3
Medical care	42.74	43.86	45.98	48.86	14.3
Radiology	9.78	10.78	11.74	13.32	36.1
Pathology	8.22	8.25	9.60	13.76	67.4
Special tests	12.29	13.34	15.01	16.71	36.0
DME	22.11	19.84	22.26	23.25	5.2
Total Episode:					
Total Quantity	494.85	523.60	580.48	635.81	28.5
Allowed Charges ($)	593.76	640.82	748.16	818.73	37.9
Assignment Rate (%)	73.22	72.29	75.13	78.23	6.8

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-23

TRENDS FOR DRG 148: MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	12859.00	14174.00	16206.00	15729.00	22.3
Length of Stay (days)	17.97	17.67	17.52	16.55	-7.9
Number of Physicians	7.73	7.95	8.15	8.49	10.0
Prior to Admission (7 days):					
Total Quantity	63.63	74.69	83.04	92.58	45.5
Medical care	10.14	11.10	11.94	13.25	30.7
Tests[a]	21.55	24.36	27.36	30.60	42.0
During Admission:					
Total Quantity	2333.60	2424.33	2517.83	2733.27	17.1
Hospital visits	106.52	116.43	128.20	139.75	31.2
Other medical care	33.73	38.73	44.57	50.46	49.6
Consults	85.48	93.26	101.95	106.94	25.1
Surgery	1451.66	1502.51	1555.00	1695.10	16.8
Anesthesia	249.82	242.22	240.87	257.14	2.9
Assistant surgery	143.54	145.43	141.43	165.63	15.4
Radiology	127.67	136.14	147.07	149.80	17.3
Special tests	32.09	37.45	40.18	43.51	35.6
Other	105.09	113.83	119.80	125.85	19.8
Post Discharge (30 days):					
Total Quantity	100.34	110.21	110.58	131.15	30.7
Medical care	26.90	28.39	29.02	31.73	18.0
Tests[a]	23.54	25.65	26.92	34.29	45.6
DME	6.18	6.63	7.31	8.04	30.0
Total Episode:					
Total Quantity	2497.29	2609.19	2711.49	2957.04	18.4
Allowed Charges ($)	2565.46	2749.20	3036.08	3300.56	28.7
Assignment Rate (%)	63.32	61.46	66.64	70.73	11.7

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-24

TRENDS FOR DRG 149: MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	4767.00	4328.00	4330.00	3582.00	-24.9
Length of Stay (days)	12.59	11.64	11.00	10.56	-16.1
Number of Physicians	6.71	6.52	6.57	6.80	1.3
Prior to Admission (7 days):					
Total Quantity	85.05	97.94	101.32	113.90	33.9
Medical care	10.31	11.00	11.91	12.77	23.8
Tests[a]	24.50	26.62	28.30	33.12	35.2
During Admission:					
Total Quantity	1997.43	1964.43	1985.66	2122.33	6.3
Hospital visits	68.79	69.08	71.43	72.69	5.7
Other medical care	13.94	12.71	10.82	12.45	-10.7
Consults	49.34	46.15	46.45	48.05	-2.6
Surgery	1314.84	1313.16	1341.04	1425.50	8.4
Anesthesia	230.65	212.59	212.33	233.87	1.4
Assistant surgery	149.54	140.80	134.68	158.50	6.0
Radiology	65.68	61.53	57.42	57.55	-12.4
Special tests	15.68	16.33	15.46	15.73	0.3
Other	88.84	91.96	95.91	97.87	10.2
Post Discharge (30 days):					
Total Quantity	75.26	78.96	80.70	83.99	11.6
Medical care	19.61	20.43	20.82	22.48	14.7
Tests[a]	15.09	15.91	17.93	19.01	26.0
DME	2.35	2.44	1.97	2.48	5.5
Total Episode:					
Total Quantity	2157.76	2141.34	2167.69	2320.24	7.5
Allowed Charges ($)	2113.00	2127.48	2260.97	2421.45	14.6
Assignment Rate (%)	56.36	53.25	59.41	64.32	14.1

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-25

TRENDS FOR DRG 182: ESOPHAGITIS, GASTROENTERITIS AND MISC DIGESTIVE DISORDERS, AGE>17, WITH CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	27799.00	29477.00	31933.00	33060.00	18.9
Length of Stay (days)	6.34	6.32	6.46	6.43	1.4
Number of Physicians	4.45	4.61	4.88	5.17	16.1
Prior to Admission (7 days):					
Total Quantity	25.66	29.86	32.71	38.57	50.3
Medical care	9.00	9.49	10.19	11.59	28.8
Tests[a]	7.84	8.63	9.56	11.92	52.0
During Admission:					
Total Quantity	394.88	427.11	470.31	514.49	30.3
Hospital visits	104.51	112.32	120.09	128.45	22.9
Other medical care	16.84	18.92	21.40	23.61	40.2
Consults	36.56	39.87	45.69	49.86	36.4
Surgery	109.80	119.64	135.78	155.76	41.9
Anesthesia	4.29	3.35	3.39	3.53	-17.6
Assistant surgery	0.56	0.62	0.49	0.43	-23.7
Radiology	78.24	82.06	86.40	89.91	14.9
Special tests	17.89	21.41	24.12	24.46	36.7
Other	25.97	28.58	32.53	38.06	46.6
Post Discharge (30 days):					
Total Quantity	112.17	124.61	136.08	153.58	36.9
Medical care	37.27	39.99	41.06	43.50	16.7
Tests[a]	26.16	28.48	31.90	38.13	45.8
DME	12.94	12.46	13.98	13.65	5.5
Total Episode:					
Total Quantity	532.93	581.69	637.99	704.76	32.2
Allowed Charges ($)	570.73	637.64	747.30	829.67	45.4
Assignment Rate (%)	70.68	69.15	73.97	77.67	9.9

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-26

TRENDS FOR DRG 183: ESOPHAGITIS, GASTROENTERITIS AND MISC DIGESTIVE DISORDERS, AGE>17, WITHOUT CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	18318.00	16303.00	14583.00	12907.00	-29.5
Length of Stay (days)	4.80	4.61	4.56	4.49	-6.5
Number of Physicians	4.18	4.27	4.48	4.71	12.7
Prior to Admission (7 days):					
Total Quantity	26.15	28.69	33.32	38.15	45.9
Medical care	9.75	10.45	11.71	12.64	29.7
Tests[a]	8.11	9.21	10.66	12.74	57.1
During Admission:					
Total Quantity	368.88	383.82	409.99	447.98	21.4
Hospital visits	98.63	103.20	108.13	113.94	15.5
Other medical care	14.96	17.22	19.50	21.90	46.5
Consults	29.58	31.33	34.51	37.90	28.1
Surgery	107.35	108.96	116.52	132.86	23.8
Anesthesia	4.42	3.48	3.27	3.22	-27.2
Assistant surgery	0.57	0.38	0.32	0.41	-27.8
Radiology	82.25	83.23	88.63	94.18	14.5
Special tests	15.96	18.42	20.44	21.72	36.1
Other	15.19	17.60	18.71	21.90	44.2
Post Discharge (30 days):					
Total Quantity	95.58	109.76	120.48	133.68	39.9
Medical care	34.16	34.51	37.14	37.57	10.0
Tests[a]	22.97	26.57	30.69	34.70	51.1
DME	4.60	3.87	3.42	3.87	-15.8
Total Episode:					
Total Quantity	490.73	522.42	563.93	619.94	26.3
Allowed Charges ($)	492.38	535.83	620.37	683.52	38.8
Assignment Rate (%)	68.32	65.07	70.03	73.78	8.0

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-27

TRENDS FOR DRG 209: MAJOR JOINT AND LIMB REATTACHMENT PROCEDURES

	1985	1986	1987	1988	Percent Change 1985–1988
Admissions	4243.00	4770.00	5498.00	5240.00	23.5
Length of Stay (days)	13.68	13.07	12.55	12.11	-11.5
Number of Physicians	6.96	7.03	7.13	7.55	8.4
Prior to Admission (7 days):					
Total Quantity	36.67	45.22	50.89	57.81	57.6
Medical care	8.61	10.28	9.64	11.35	31.8
Tests[a]	16.28	18.02	19.55	25.05	53.8
During Admission:					
Total Quantity	3157.77	3134.99	3165.97	3354.01	6.2
Hospital visits	58.23	65.61	74.68	84.20	44.6
Other medical care	9.54	11.98	12.73	14.96	56.8
Consults	50.42	50.69	57.12	57.96	15.0
Surgery	2302.41	2300.73	2340.96	2418.73	5.1
Anesthesia	292.79	284.87	280.21	299.80	2.4
Assistant surgery	299.84	274.74	251.11	320.09	6.8
Radiology	62.39	59.74	61.73	65.47	4.9
Special tests	17.35	19.71	19.77	20.72	19.4
Other	64.89	66.84	67.77	72.17	11.2
Post Discharge (30 days):					
Total Quantity	97.51	109.67	106.32	129.33	32.6
Medical care	18.65	20.70	22.55	26.00	39.4
Tests[a]	32.39	34.97	35.84	40.93	26.4
DME	12.28	14.39	13.49	17.07	39.0
Total Episode:					
Total Quantity	3291.96	3289.89	3322.85	3540.77	7.6
Allowed Charges ($)	3060.83	3140.34	3315.17	3534.22	15.5
Assignment Rate (%)	46.40	45.83	55.10	57.54	24.0

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 3-28

TRENDS FOR DRG 210: HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE>17 WITH CC

	1985	1986	1987	1988	Percent Change 1985-1988
Admissions	8826.00	10163.00	12175.00	12268.00	39.0
Length of Stay (days)	16.87	16.00	15.88	14.63	-13.3
Number of Physicians	8.00	8.06	8.33	8.57	7.1
Prior to Admission (7 days):					
Total Quantity	27.34	31.23	34.50	38.09	39.3
Medical care	5.65	6.24	6.89	7.32	29.4
Tests[a]	6.54	6.74	7.28	9.12	39.4
During Admission:					
Total Quantity	1986.19	2015.13	2066.79	2158.37	8.7
Hospital visits	99.62	110.15	120.60	126.89	27.4
Other medical care	34.45	36.48	39.17	41.17	19.5
Consults	79.29	80.92	88.34	88.49	11.6
Surgery	1241.73	1262.44	1283.95	1335.38	7.5
Anesthesia	208.98	205.11	201.40	213.38	2.1
Assistant surgery	84.94	76.64	72.89	88.42	4.1
Radiology	103.50	102.75	110.54	108.34	4.7
Special tests	24.65	29.57	31.64	33.09	34.2
Other	108.86	112.14	120.27	125.41	15.2
Post Discharge (30 days):					
Total Quantity	129.53	142.52	147.66	167.97	29.7
Medical care	30.01	33.99	35.77	39.11	30.4
Tests[a]	37.19	38.61	41.14	44.94	20.8
DME	20.30	22.79	23.06	24.15	18.9
Total Episode:					
Total Quantity	2143.07	2188.42	2248.70	2364.18	10.3
Allowed Charges ($)	2241.79	2316.58	2523.39	2633.22	17.5
Assignment Rate (%)	66.76	64.79	69.95	71.98	7.8

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

4.0 *WITHIN-DRG CHANGES*

4.1 Shifts in Specialty of Attending Physician

4.1.1 Introduction

The historic trend in physician specialization could be one factor in rising inpatient expenditures for two reasons. First, allowed charges for specialists are generally higher than those paid to general and family practitioners. Second, specialists may be more likely to order and/or perform diagnostic tests and procedures. Since the attending physician is apt to be the decision-maker, guiding the patient's course of treatment in the hospital, we analyzed trends in the specialties of these physicians.

Attending physicians can not be directly identified from claims data. Instead, we proxied the specialty of the attending physician as follows. For surgical DRGs, the attending was defined as the physician with the highest allowed surgical charges during the inpatient stay. For medical DRGs, the attending was defined as the physician with the highest allowed charges for routine hospital and critical care visits. In approximately five percent of admissions, no attending physician could be identified using these criteria.

In the case of surgical DRGs, there was virtually no change in the specialty of the attending physician over the 1985-1988 period. This reflects the fact that most major operations can only be performed by a single specialty trained in that procedure. Only orthopedic surgeons perform joint replacements, for example, and only urologists perform TURPs. For this reason, we only present specialty trends for selected medical DRGs.

4.1.2 Changes in Attending Physician Specialty Over Time

Table 4-1 displays changes in the specialty of attending physicians treating specific cerebrovascular disorders (DRG 14). There is a small decline in the frequency with which GPs/FPs and internists are involved as attending physicians, with a corresponding increase for neurologists, cardiologists, and other medical specialists. Trends for pneumonia (Table 4-2) are similar; small decreases for GPs, FPs, and internists are offset by small gains for medical subspecialists, especially cardiologists and pulmonary disease specialists.

Specialty trends in the treatment of AMI are much more dramatic (Table 4-3). In 1985, almost one-half (46%) of all uncomplicated AMI patients were cared for by internists; by 1988, this had fallen to 35 percent. By contrast, cardiologists were also involved as attending physicians in 35 percent of all cases, up from only 22 percent in 1985. This marked substitution of cardiologists for internists (and to a lesser extent for GPs/FPs) in the care of uncomplicated AMIs may be one explanation for the greater use of cardiac catheterization in these patients.

The increased use of medical specialists as attendings, rather than internists and GPs/FPs, was also found for congestive heart failure and miscellaneous digestive disorders. Cardiologists and pulmonary diseases specialists were more likely to be attending physicians during congestive heart failure admissions in 1988 than in 1985 (Table 4-4). Similarly, cardiologists and gastroenterologists were somewhat more frequently seen in the care of gastroenteritis and similar conditions (Table 4-5).

4.1.3 Differences in Spending by Specialty

The increased use of specialists as attending physicians appears to have contributed to increasing expenditures, not because of faster rates of increase but because of more expensive treatment patterns to start with. Table 4-6 compares trends in spending for DRGs 122 (uncomplicated AMI) and 127 (congestive heart failure) as a function of the specialty of the attending physician. The average case in these DRGs treated by a cardiologist is considerably more costly than an ostensibly similar case treated by an internist. Rates of increase are slower for cardiologists simply because of their much higher baseline expenditure levels.*

Spending on uncomplicated AMI patients treated by cardiologists averaged 50 percent more than those treated by internists and more than double those treated by GPs and FPs. In order to better understand the sources of these differences, we compare 1988 treatment patterns for these patients based on the specialty of the attending physician (Table 4-7).

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*Percent changes from 1985-1988 are much higher for all cases combined than for the specialties individually. This reflects the growing substitution of the more expensive cardiologists over the same time period.

Stays are somewhat shorter for patients treated by GPs/FPs, suggesting that they may be less seriously ill, but there are no differences in length of stay between internists and cardiologists. Although cardiologists order or provide more services during all parts of the AMI episode (pre, post, and inpatient), the differences are most marked during the inpatient stay. Increased use of surgery (i.e. cardiac catheterization) is the single most important factor explaining higher service use by cardiologists. Cardiac catheterization accounts for over 80 percent of the difference in total inpatient quantity between cardiologists and internists. One explanation may be that AMI patients needing cardiac catheterization are more likely to be triaged to cardiologists at the time of, or soon after, admission.

4.2 Trends in Within-DRG Severity of Illness

4.2.1 Introduction

Another factor explaining increases in physician inpatient spending may be shifts in severity of illness within-DRG. The general aging of the Medicare population, combined with greater outpatient treatment of less serious conditions, may have made the typical inpatient more costly to treat. We examined two measures of potential illness severity: (1) patient age; and (2) the presence of selected complications or comborbidities.

4.2.2 Trends in Patient Age

There was a definite increase in the relative frequency of "very old" patients, even over this short four-year time period (Table 4-8). Except for complicated pneumonia cases (DRG 89), however, the size of the increases tended to be relatively small.

In order to better understand the contribution of patient age to physician spending, we regressed total allowed charges and total quantity per episode on variables capturing patient characteristics, including age. Table 4-9 displays the elasticities associated with age from those regressions. A one percent increase in age for patients undergoing CABG surgery, for example, leads to a 0.37 percent increase in physician spending per episode, ceteris paribus.

These elasticities are derived from a regression model that holds constant patient sex, disability status, DRG, the presence of selected comorbidities, death, and time. The regressions are described in more detail in Chapter 6.

Increasing patient age over the 1985-1988 time period was probably not a factor in rising physician expenditures. Patient age was positive and significant in only three of the ten regressions shown in Table 4-9; it was insignificant for two groups of DRGs (major bowel procedures and miscellaneous digestive disorders), and negative and significant in the remaining five regressions. Physician spending per episode was relatively lower for older patients hospitalized with stroke, pneumonia, AMI, CHF, or for joint procedures. The negative impact of patient age was particularly pronounced for patients admitted with AMIs; a percent increase in age (about nine months) was associated with a 1.6 percent decline in physician expenditures (about $20 per episode). These findings are consistent with work performed by ProPAC (1987) who found that age explained relatively little of the variance in either length of stay or hospital charges.

4.2.3 Patient Comorbidities and Complications

We were interested in identifying those patient comorbidities and complications, as identified by secondary diagnoses on the hospital claim, that might be expected to require more resources. We took advantage of a typology developed by a colleague (Robert C. Boutwell, M.D.) that identified 17 categories of diagnostic codes that indicate the presence of complications or comorbidities:

- metastatic cancer;
- diabetes mellitus;
- fluid and electrolyte disorders;
- anemias;
- hypertension and hypertensive heart disease;
- acute myocardial infarction;
- ischemic heart disease;
- conduction disorders and arrhythmias;

- heart failure;
- ill-defined descriptions and complications of heart disease, e.g. myocarditis NOS, etc.;
- cerebrovascular disease;
- respiratory disease, e.g. chronic airway obstruction, pleurisy, etc.;
- gastrointestinal disease, e.g. acute gastritis, GI hemorrhage, etc.;
- urinary disorders, e.g. urinary tract infections and obstructions, hematuria, etc.;
- general symptoms (coma, hallucinations, and convulsions);
- cardiovascular symptoms, e.g. gangrene, shock, etc.; and
- complications, e.g. mechanical complications of devices or implants, etc.

Patients were considered to have a given comorbidity or complication if the specific condition appeared in any of their secondary diagnoses. A complete description of these categories and their associated ICD-9 diagnostic codes can be found in Appendix B.

Tables 4-10 through 4-18 present trends in the percent of admissions with these complications/comorbidities for selected DRGs. (Comorbidities appearing in less than one percent of cases in all four years are not shown. Also not shown are categories that overlap with the principal diagnosis, e.g. heart failure in DRG 127).) Increases are observed for most categories of comorbidities for most DRGs. The increases are most marked for fluid and electrolyte disorders, conduction disorders and arrhythmias, respiratory disease, and urinary disorders. Note also the increase in CABG patients with AMIs and ischemic heart disease (Table 4-12) and the increase in surgical DRG patients with anemias (Tables 4-12, 4-15, 4-17, and 4-18). The percent of joint replacement patients with reported anemia tripled from 1985 to 1988, from 8.8 to 26.5 percent of all cases (Table 4-17).

More accurate or more complete diagnostic coding may be primarily responsible for these increases in reported comorbidities. All of the secondary diagnoses used to define our comorbidity categories are also used to define complicating conditions under the DRG Grouper. (The Grouper list of diagnostic codes is far more extensive than ours, however.)

In order to better understand the contribution of these comorbidities to physician spending, we regressed total allowed charges per episode on dummy variables measuring each of the comorbidity categories. Table 4-19 presents the dollar impact of the presence of a given comorbidity on total episode spending. These dollar impacts are simply the coefficient associated with a given dummy variable, and were obtained from a regression model that also included patient age and sex, DRG, death, disability status, and time. Because levels of physician spending vary considerably across DRGs, we also display mean allowed charges per episode for each of the regressions (in parentheses under each column heading).*

While the growth in reported comorbidities and complications may be partly responsible for increases in physician spending, they would not appear to be nearly as important as the trends observed in Tables 4-10 through 4-18 might suggest. Consider patients admitted with stroke, for example (the first column in Table 4-19). Only three of the six comorbidity/complication categories included in the regression actually contributed significantly to physician spending. In a few instances, furthermore, presence of a given comorbidity actually lowered costs per episode; see, for example, the negative impact of fluid and electrolyte disorders on patients admitted for major bowel procedures or with miscellaneous digestive disorders. In most cases, however, the presence of a given comorbidity/complication does raise physician spending per episode.

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*Because the regressions were estimated on a 20 percent sample of admissions, means will vary slightly from those reported in Chapter 3. See Chapter 6 for a complete description of the regression methodology.

TABLE 4-1

CHANGES IN SPECIALTY OF ATTENDING PHYSICIAN: SPECIFIC CEREBROVASCULAR DISORDERS (DRG 14)[a]

Specialty	1985	1986	1987	1988
GP/FP	25.8%	26.0%	23.9%	23.6%
Internist	40.6	40.5	41.7	38.0
Cardiologist	4.5	4.6	5.2	6.3
Neurologist	11.4	12.0	13.1	13.8
Other Medical Specialist	3.2	3.4	3.7	4.7
Other Specialist	9.6	8.8	8.9	8.8
No Attending	4.9	4.7	3.5	4.8

[a]Columns sum to 100%.

Source: Part B claims for nine states.

TABLE 4-2

CHANGES IN SPECIALTY OF ATTENDING PHYSICIAN: PNEUMONIA (DRG 89)[a]

Specialty	1985	1986	1987	1988
GP/FP	35.1%	34.4%	32.0%	32.0%
Internist	40.8	42.2	43.6	39.2
Cardiologist	3.2	3.5	4.4	4.7
Pulmonary Disease Specialist	4.8	5.4	6.4	7.3
Other Specialist	10.5	9.0	9.2	11.2
No Attending	5.6	5.5	4.4	5.6

[a]Columns sum to 100%.

Source: Part B claims for nine states.

TABLE 4-3

CHANGES IN SPECIALTY OF ATTENDING PHYSICIAN: AMI WITHOUT CARDIOVASCULAR COMPLICATIONS (DRG 122)[a]

Specialty	1985	1986	1987	1988
GP/FP	19.7%	18.8%	18.1%	16.0%
Internist	46.0	44.7	43.7	34.7
Cardiologist	21.8	24.4	26.6	35.0
Other Specialist	7.7	7.9	8.4	9.7
No Attending	4.8	4.2	3.2	4.6

[a]Columns sum to 100%.

Source: Part B claims for nine states.

TABLE 4-4

CHANGES IN SPECIALTY OF ATTENDING PHYSICIAN: CONGESTIVE HEART FAILURE (DRG 127)[a]

Specialty	1985	1986	1987	1988
GP/FP	24.5%	23.5%	22.3%	20.7%
Internist	45.9	46.2	45.8	40.7
Cardiologist	13.1	14.1	16.1	19.7
Pulmonary Disease Specialist	2.3	2.6	2.9	3.4
Other Specialist	8.5	8.1	8.6	8.9
No Attending	5.7	5.5	4.3	5.6

[a]Columns sum to 100%.

Source: Part B claims for nine states.

TABLE 4-5

CHANGES IN SPECIALTY OF ATTENDING PHYSICIAN: MISCELLANEOUS DIGESTIVE DISORDERS WITH C.C. (DRG 182)[a]

Specialty	1985	1986	1987	1988
GP/FP	28.4%	27.2%	25.3%	24.1%
Internist	41.6	43.6	44.5	39.6
Cardiologist	3.4	3.7	4.6	5.6
Gastroenterologist	4.9	5.0	5.7	8.1
General Surgeon	7.3	7.2	6.9	6.7
Other Specialist	8.6	8.0	8.5	10.0
No Attending	5.8	5.3	4.5	5.8

[a]Columns sum to 100%.

Source: Part B claims for nine states.

TABLE 4-6

TRENDS IN SPENDING BY SPECIALTY OF ATTENDING PHYSICIAN: DRGS 122 AND 127

	1985	1986	1987	1988	Percent Change
DRG 122					
FP/GP	$610	$686	$792	$937	53.6%
Internist	1035	1,163	1,335	1,542	48.9
Cardiologist	1,567	1,825	2,065	2,206	40.8
All Specialties	1,053	1,220	1,435	1,695	61.0
DRG 127					
FP/GP	$454	$481	$570	$622	37.0%
Internist	650	696	800	858	32.0
Cardiologist	748	807	886	927	23.9
All Specialties	594	641	748	819	37.9

Source: Part B claims for nine states.

TABLE 4-7

TREATMENT PATTERNS FOR DRG 122 BY SPECIALTY OF ATTENDING PHYSICIAN: 1988

	GP/FP	Internist	Cardiologist	All Specialties
Length of Stay (days)	7.6	9.1	9.0	8.9
Number of Physicians	5.4	6.4	6.7	6.3
Prior to Admission (7 days):				
Total Quantity	23.7	28.8	32.2	30.3
Medical Care	8.5	8.8	9.3	8.9
Tests[a]	7.1	9.4	8.2	8.7
During Admission:				
Total Quantity	601.4	1,053.8	1,696.8	1,226.3
Hospital Visits	141.4	149.2	152.8	145.6
Other Medical Care	68.0	97.1	101.3	92.8
Consults	36.3	59.4	61.8	56.8
Surgery	168.1	457.3	978.3	614.2
Anesthesia	7.4	31.1	71.0	43.7
Assistant Surgery	7.2	28.1	65.0	39.2
Radiology	45.1	66.4	79.6	68.5
Special Tests	70.9	107.7	122.3	107.0
Other	57.2	57.8	64.9	60.1
Post Discharge (30 days):				
Total Quantity	205.6	206.9	237.4	216.8
Medical Care	46.8	47.0	47.3	46.7
Tests[a]	49.0	58.2	64.0	58.1
Total Episode:				
Total Quantity	830.7	1,289.6	1,966.5	1,472.7
Allowed Charges ($)	937	1,542	2,206	1,695
Assignment Rate (%)	72.4	70.3	73.3	72.9

[a]Includes radiology, laboratory, and special tests.

Source: Part B claims for nine states.

TABLE 4-8

CHANGE IN PERCENT OF PATIENTS AGED 85+ BY DRG

DRG		1985	1986	1987	1988
14	Specific Cerebrovascular Disorders	18.6%	19.7%	19.8%	20.2%
15	Transient Ischemic Attacks	16.3	17.6	17.3	18.5
89	Pneumonia w/ C.C.	20.8	21.9	22.1	24.0
106/107	CABG w/ and w/o Cardiac Catheterization	0.4	0.6	0.5	0.7
121	AMI w/ Cardiac Complications	11.5	12.3	13.1	13.5
122	AMI w/o Cardiac Complications	7.2	7.6	7.5	7.7
124	Cardiac Catheterization w/ Complex DX	0.9	1.3	1.6	1.6
125	Cardiac Catheterization w/o Complex DX	0.4	0.4	0.5	0.7
127	Congestive Heart Failure	19.2	20.2	20.1	20.2
148/149	Major Bowel Procedures	9.9	10.8	11.4	11.2
182/183	Miscellaneous Digestive Disorders	12.0	12.9	13.2	14.0
209	Major Joint Procedures	8.2	9.1	9.5	10.1
210	Hip and Femur Procedures	31.3	32.9	33.6	34.5
336/337	TURP	6.4	6.9	6.7	6.8

Source: Part B claims for nine states.

TABLE 4-9

IMPACT OF PATIENT AGE ON PHYSICIAN SPENDING AND QUANTITY PER EPISODE[a]

DRG	Allowed Charges	Quantity
Stroke (14, 15)	-0.87	-1.01
Pneumonia (89, 90)	-0.34	-0.36
CABG Surgery (106, 107)	0.26	0.22
AMI (121, 122, 123)	-1.63	-1.94
Cardiac Catheterization (124, 125)	0.24	0.22
Congestive Heart Failure (127)	-0.48	-0.56
Major Bowel Procedures (148, 149)	n.s.	n.s.
Miscellaneous Digestive Disorders (182, 193)	n.s.	n.s.
Major Joint & Hip/Femur Procedures (209, 210)	-0.07	-0.06
TURPs (336, 337)	0.16	0.12

[a]All numbers are elasticities calculated from a regression model that included patient, sex, disability status, DRG, the presence of selected comorbidities, death, and time. Coefficients associated with patient age were significant at the five percent level or better in all regressions, with the exception of those designated n.s.

Source: Part B Claims for nine states.

TABLE 4-10

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 14: SPECIFIC CEREBROVASCULAR DISORDERS*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	2.1%	2.1%	2.2%	2.2%
Diabetes mellitus	15.9	17.8	18.6	19.8
Fluid and electrolyte disorders	14.4	18.8	23.4	26.4
Anemias	0.8	0.7	0.8	1.1
Hypertension/hypertensive heart disease	2.7	2.9	3.0	3.4
AMI	2.9	2.7	2.9	2.8
Ischemic heart disease	4.4	4.6	5.2	5.2
Conduction disorders/arrhythmias	26.6	28.8	33.3	35.3
Heart failure	15.4	16.1	17.1	17.2
Respiratory disease	11.7	13.8	16.5	19.2
GI disease	2.7	3.2	3.5	3.5
Urinary disorders	21.2	25.7	28.7	29.8
General symptoms	9.9	10.3	10.4	10.7
Complications	0.7	1.0	1.0	1.2

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-11

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 89: PNEUMONIA WITH C.C.*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	5.8%	5.3%	5.5%	5.6%
Diabetes mellitus	11.5	12.0	11.8	13.2
Fluid and electrolyte disorders	40.9	45.3	50.9	59.5
Anemias	1.5	1.5	1.7	1.8
Hypertension/hypert. heart disease	1.7	1.6	1.5	1.5
AMI	1.5	1.6	1.4	1.4
Ischemic heart disease	6.3	6.2	5.9	5.5
Conduction disorders/arrhythmias	18.0	19.6	21.7	22.6
Heart failure	42.2	42.9	43.7	42.9
Respiratory disease	76.8	77.3	83.6	83.6
GI disease	5.4	6.2	6.1	6.4
Urinary disorders	23.6	26.4	27.0	27.0
General symptoms	3.2	3.1	3.4	3.4
Cardiovascular symptoms	1.4	1.2	1.4	1.1
Complications	0.7	0.9	1.0	1.0

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-12

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 106: CABG WITH CARDIAC CATHETERIZATION*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Diabetes mellitus	9.7%	9.4%	10.9%	11.5%
Fluid and electrolyte disorders	2.0	3.2	6.8	7.9
Anemias	1.4	3.5	7.7	8.1
AMI	18.7	18.3	22.5	21.9
Ischemic heart disease	54.5	57.2	59.9	64.3
Conduction disorders/arrhythmias	22.4	28.8	34.8	38.1
Heart failure	9.5	11.9	11.7	12.3
Complications of heart disease	1.5	1.1	1.2	1.1
Cerebrovascular disease	7.6	6.8	5.7	6.0
Respiratory disease	16.6	22.3	28.8	32.1
GI disease	1.6	1.7	1.8	1.7
Urinary disorders	2.8	3.9	4.7	5.0
Cardiovascular symptoms	1.3	1.3	1.3	1.3
Complications	52.2	57.2	60.1	60.9

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-13

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 121: AMI WITH COMPLICATIONS*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Diabetes mellitus	15.1%	16.1%	18.9%	18.2%
Fluid and electrolyte disorders	7.3	10.3	13.8	15.5
Anemias	1.2	1.2	1.5	1.5
Hypertension/hypert. heart disease	1.9	1.5	1.9	1.4
Ischemic heart disease	16.2	18.1	17.2	17.1
Cerebrovascular disease	0.7	0.8	0.8	1.2
Respiratory disease	20.0	22.1	25.4	29.4
GI disease	2.3	2.2	3.0	3.3
Urinary disorders	11.8	13.4	14.3	14.5
Cardiovascular symptoms	7.2	7.1	6.8	6.1
Complications	2.3	2.7	3.5	3.7

[a]See Appendix B for the definitions of these categories.

[b]Conduction disorders and arrythmias and heart failure are not shown here as virtually all patients had these two secondary diagnoses in every year.

Source: Part B claims from nine states.

TABLE 4-14

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 127: HEART FAILURE*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	2.0%	2.2%	2.2%	2.2%
Diabetes mellitus	20.1	21.2	23.9	24.9
Fluid and electrolyte disorders	14.8	18.7	24.9	28.3
Anemias	1.6	1.6	1.8	2.0
Hypertension/hypert. heart disease	2.4	2.2	2.2	2.0
AMI	6.0	6.3	6.7	6.6
Ischemic heart disease	19.0	18.7	19.0	18.3
Conduction disorders/arrhythmias	45.4	50.6	54.9	57.1
Cerebrovascular disease	0.9	0.8	1.0	1.0
Respiratory disease	47.9	50.9	56.0	61.4
GI disease	3.1	3.2	3.4	3.7
Urinary disorders	12.5	14.7	16.4	17.0
General symptoms	1.0	1.1	1.2	1.1
Cardiovascular symptoms	1.4	1.4	1.3	1.2
Complications	0.9	0.9	1.2	1.3

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-15

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 148: MAJOR BOWEL PROCEDURES WITH C.C.*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	59.9%	59.8%	57.4%	54.2%
Diabetes mellitus	6.1	6.8	7.2	7.8
Fluid and electrolyte disorders	13.5	17.7	24.3	29.0
Anemias	11.4	13.2	15.7	18.3
AMI	1.9	1.6	1.5	1.5
Ischemic heart disease	4.2	3.7	3.9	3.8
Conduction disorders/arrhythmias	12.0	13.4	14.4	14.3
Heart failure	9.1	9.3	9.5	10.4
Respiratory disease	22.2	24.0	26.0	29.7
GI disease	73.4	72.8	70.1	67.6
Urinary disorders	12.1	13.2	13.6	13.1
General symptoms	1.1	1.0	1.2	1.2
Cardiovascular symptoms	2.0	2.3	2.1	1.9
Complications	36.9	41.7	42.8	42.4

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-16

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 182: MISCELLANEOUS DIGESTIVE DISORDERS WITH C.C.*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	6.2%	5.5%	5.8%	5.6%
Diabetes mellitus	18.4	18.4	19.9	18.4
Fluid and electrolyte disorders	76.2	82.1	81.7	84.9
Anemias	7.2	9.3	10.3	12.0
Hypertension/hypert. heart disease	1.4	1.1	1.3	1.2
Ischemic heart disease	10.5	10.6	10.2	10.4
Conduction disorders/arrhythmias	11.2	12.1	14.5	14.4
Heart failure	13.6	14.0	14.9	15.0
Cerebrovascular disease	0.8	0.8	0.8	1.1
Respiratory disease	26.2	27.4	30.3	31.5
GI disease	41.9	45.4	48.5	51.4
Urinary disorders	21.7	22.8	24.0	24.2
General symptoms	2.1	2.0	2.1	2.0
Complications	1.3	1.6	1.7	1.9

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-17

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 209: MAJOR JOINT PROCEDURES*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	1.8%	2.0%	2.0%	2.7%
Diabetes mellitus	3.9	4.1	4.5	5.2
Fluid and electrolyte disorders	5.5	8.1	9.6	13.1
Anemias	8.8	13.1	20.4	26.5
Ischemic heart disease	3.6	3.2	3.6	2.7
Conduction disorders/arrhythmias	6.9	7.5	8.8	9.3
Heart failure	5.2	4.6	5.1	5.3
Respiratory disease	12.1	11.3	15.2	16.2
GI disease	2.2	2.3	2.7	2.8
Urinary disorders	12.2	15.2	18.8	19.1
Complications	22.1	26.1	24.8	27.2

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-18

TRENDS IN COMPLICATIONS OR COMORBIDITIES OVER TIME: ***DRG 336: TURP WITH C.C.*** (percent of cases with selected secondary diagnoses)[a]

	1985	1986	1987	1988
Metastatic cancer	19.0%	18.8%	16.4%	16.8%
Diabetes mellitus	12.2	11.9	13.2	12.7
Fluid and electrolyte disorders	8.4	9.2	12.2	16.1
Anemias	3.4	4.5	5.2	6.5
Ischemic heart disease	6.9	6.4	6.9	7.3
Conduction disorders/arrhythmias	11.2	13.3	14.4	16.0
Heart failure	7.9	8.1	8.0	7.9
Cerebrovascular disease	0.9	0.8	1.2	0.9
Respiratory disease	38.2	38.8	41.4	47.2
GI disease	3.2	3.4	2.8	2.8
Urinary disorders	58.7	63.8	64.2	66.0
General symptoms	1.1	1.2	1.4	1.3
Complications	17.1	18.7	19.4	22.6

[a]See Appendix B for the definitions of these categories.

Source: Part B claims from nine states.

TABLE 4-19

IMPACT OF COMORBIDITIES/COMPLICATIONS ON PHYSICIAN SPENDING PER EPISODE[a]

Comorbidity/Complication	Stroke ($843)	Pneumonia ($636)	CABG Surgery ($6,568)	AMI ($1,253)	Cardiac Cath. ($1,380)	Congestive Heart Failure ($697)	Major Bowel Procedures ($2,741)	Misc. Digestive Disorders ($648)	Joint & Hip Procedures ($2,692)	TURP ($1,648)
Metastatic cancer	--	--	--	--	--	--	109.53	--	497.92	387.07
Diabetes mellitus	n.s.	n.s.	n.s.	-122.54	87.00	44.10	--	-60.63	n.s.	n.s.
Fluid and electrolyte disorders	--	n.s.	--	--	--	52.37	-125.26	-135.22	50.82	--
Anemias	--	--	--	--	--	--	350.17	--	93.35	--
Hypertension/hypertensive heart disease	--	--	--	--	--	--	--	--	--	--
AMI	--	--	-181.29	--	n.s.	161.40	--	--	--	--
Ischemic heart disease	--	--	-223.97	470.19	--	n.s.	--	-31.22	160.24	--
Conduction disorders/arrhythmias	87.52	95.58	--	--	116.00	71.38	65.27	n.s.	111.59	--
Heart failure	n.s.	78.82	334.74	--	n.s.	--	--	n.s.	79.43	--
Heart disease complications	--	--	--	--	--	--	--	--	--	--
Cerebrovascular disease	--	--	733.33	--	--	--	--	--	--	--
Respiratory disease	66.10	--	n.s.	69.24	169.67	98.47	133.60	21.22	98.64	28.70
GI disease	--	--	--	--	--	--	--	--	318.93	--
Urinary disorders	98.92	n.s.	--	--	--	84.45	--	n.s.	77.95	-50.29
General symptoms	n.s.	--	--	--	--	--	--	--	--	--
Cardiovascular Symptoms	--	--	--	--	--	--	--	--	--	--
Complications	--	--	551.57	--	--	--	--	--	307.58	63.25

[a]Numbers represent the dollar impact from the presence of the given comorbidity/complication, and were derived from a regression model including patient age and sex, disability status, DRG, death and time. Infrequent comorbidity categories and those categories closely related to the principal diagnosis were not included in the regression.

n.s. indicates that the comorbidity was not significant.

Source: Part B Claims for nine states.

5.0 *TRENDS IN INPATIENT PHYSICIAN SPENDING BY STATE*

5.1 Trends in Allowed Charges and Quantity Per Episode

There is marked variation across our nine states in the rates of increase in total physician spending per episode (Table 5-1). Rates of spending grew by 50 percent or more in Alabama, Connecticut, and Oklahoma, well above the all-state average of 36 percent. By contrast, spending in Kansas, New Jersey, and Washington increased much more slowly, less than 30 percent from 1985 to 1988.

At first glance, the variation appears dramatic, ranging from 23 percent in Kansas to 67 percent in Connecticut. To a large extent, however, this seems to be a "catch-up" phenomenon. States with the fastest rates of increase tend to be those with the lowest baseline spending levels.

State differences in spending levels partly reflect geographic fee differences. Our quantity index allows us to factor out these price differences, and look at real volume increases. State patterns in volume trends are similar, but not identical, to those found for allowed charges (Table 5-2). Rates of volume increase were greatest in Connecticut, Oklahoma, and Oregon, and lowest in Kansas and New Jersey. Again, this seems to be largely a "catch-up" phenomenon, with the gap between the most expensive and least expensive states becoming considerably smaller in 1988 compared with 1985.

5.2 DRG-Specific Trends by State

Tables 5-3 through 5-8 display trends in physician volume by state for selected DRGs. For the most part, similar patterns are observed here, as for all DRGs combined. Differential rates of increase have the effect of greatly reducing the variation across states. Consider congestive heart failure (CHF), for example, a very common reason for admission but with considerable discretion with regard to the number and mix of services provided (Table 5-6). In 1985, the typical CHF patient in Arizona received almost twice as many services (94%) as the typical Oklahoma CHF patient. By 1988, Arizona CHF patients averaged only 34 percent more than those in Oklahoma.

How do we explain this apparent closing of the quantity "gap" across states? One factor may be PPS and its continued homogenizing influence on practice patterns (by shortening lengths of stay, encouraging a shift of testing to outpatient settings, etc.). Another reason may be the diffusion of technology over time.

TABLE 5-1

TRENDS IN TOTAL PHYSICIAN ALLOWED CHARGES PER EPISODE BY STATE

State	1985	1986	1987	1988	Percent Change
Alabama	$796	$942	$1,130	$1,203	51.0%
Arizona	1,260	1,246	1,371	1,703	35.1
Connecticut	978	1,122	1,519	1,631	66.8
Georgia	877	962	1,142	1,262	43.8
Kansas	1,020	1,051	1,172	1,252	22.7
New Jersey	1,261	1,403	1,548	1,569	24.5
Oklahoma	755	811	971	1,140	50.9
Oregon	934	993	1,062	1,270	36.0
Washington	1,138	1,220	1,402	1,476	29.7
TOTAL	**1,000**	**1,092**	**1,269**	**1,386**	**36.2**

Source: Part B claims for nine states.

TABLE 5-2

TRENDS IN TOTAL PHYSICIAN VOLUME PER EPISODE BY STATE[a]

State	1985	1986	1987	1988	Percent Change
Alabama	919	1,003	1,112	1,181	28.4%
Arizona	1,141	1,113	1,149	1,417	24.3
Connecticut	868	995	1,260	1,336	54.0
Georgia	851	915	983	1,100	29.3
Kansas	978	1,044	1,087	1,163	18.9
New Jersey	1,004	1,070	1,114	1,143	13.9
Oklahoma	739	788	920	1,065	44.1
Oregon	976	1,039	1,091	1,308	34.0
Washington	1,215	1,215	1,345	1,412	25.5
TOTAL	**947**	**1,013**	**1,103**	**1,204**	**27.2**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 5-3

TRENDS IN PHYSICIAN VOLUME BY STATE: *DRG 14: SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA*[a]

State	1985	1986	1987	1988	Percent Change
Alabama	667	754	832	910	36.4%
Arizona	746	749	809	872	16.9
Connecticut	554	595	811	870	57.0
Georgia	587	637	691	775	32.0
Kansas	604	656	683	729	20.7
New Jersey	716	809	853	881	23.0
Oklahoma	415	488	595	690	66.3
Oregon	608	673	725	786	29.3
Washington	669	720	794	854	27.7
TOTAL	**632**	**687**	**761**	**824**	**30.3**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 5-4

TRENDS IN PHYSICIAN VOLUME BY STATE: ***DRG 89: PNEUMONIA WITH C.C.***[a]

State	1985	1986	1987	1988	Percent Change
Alabama	470	519	574	593	26.2%
Arizona	607	586	632	692	14.0
Connecticut	469	508	652	663	41.4
Georgia	430	473	517	545	26.7
Kansas	451	490	512	524	16.2
New Jersey	556	606	648	645	16.0
Oklahoma	294	332	423	475	61.6
Oregon	457	495	541	592	29.5
Washington	521	576	621	654	25.5
TOTAL	**470**	**504**	**563**	**587**	**24.7**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 5-5

TRENDS IN PHYSICIAN VOLUME BY STATE: *DRG 121: AMI WITH CARDIOVASCULAR COMPLICATIONS, DISCHARGED ALIVE*[a]

State	1985	1986	1987	1988	Percent Change
Alabama	909	1,139	1,417	1,548	70.3%
Arizona	1,232	1,340	1,475	1,631	32.4
Connecticut	786	926	1,239	1,541	96.1
Georgia	769	852	868	1,089	41.6
Kansas	940	1,023	1,195	1,299	38.2
New Jersey	868	928	1,007	1,017	17.2
Oklahoma	651	756	957	1,161	78.3
Oregon	864	999	1,033	1,250	44.7
Washington	968	1,128	1,292	1,430	47.7
TOTAL	**869**	**991**	**1,139**	**1,283**	**47.6**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 5-6

TRENDS IN PHYSICIAN VOLUME BY STATE: *DRG: 127: HEART FAILURE* [a]

State	1985	1986	1987	1988	Percent Change
Alabama	499	554	614	683	36.9%
Arizona	613	608	637	732	19.4
Connecticut	488	503	666	722	48.0
Georgia	452	480	525	585	29.4
Kansas	490	506	542	569	16.1
New Jersey	553	600	626	652	17.9
Oklahoma	316	368	464	545	72.5
Oregon	460	509	538	644	40.0
Washington	531	580	636	689	29.8
TOTAL	**498**	**527**	**585**	**640**	**28.7**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 5-7

TRENDS IN PHYSICIAN VOLUME BY STATE: *DRG: 148: MAJOR BOWEL PROCEDURES WITH C.C.*[a]

State	1985	1986	1987	1988	Percent Change
Alabama	2,642	2,851	2,872	2,972	12.5%
Arizona	2,564	2,491	2,485	3,141	22.5
Connecticut	1,930	2,223	2,882	2,972	54.0
Georgia	2,497	2,592	2,687	3,013	20.7
Kansas	2,657	2,808	2,760	2,906	9.4
New Jersey	2,621	2,824	2,838	3,016	15.1
Oklahoma	2,116	2,082	2,318	2,673	26.3
Oregon	2,282	2,371	2,253	2,810	23.1
Washington	2,718	2,812	2,924	2,993	10.1
TOTAL	**2,500**	**2,613**	**2,716**	**2,962**	**18.5**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

TABLE 5-8

TRENDS IN PHYSICIAN VOLUME BY STATE: ***DRG: 209: MAJOR JOINT PROCEDURES***[a]

State	1985	1986	1987	1988	Percent Change
Alabama	3,475	3,489	3,431	3,470	-0.1%
Arizona	3,520	3,267	3,039	3,799	7.9
Connecticut	2,362	2,809	3,357	3,461	46.5
Georgia	3,347	3,325	3,457	3,712	10.9
Kansas	3,284	3,339	3,412	3,377	2.8
New Jersey	3,547	3,637	3,626	3,701	4.3
Oklahoma	2,850	2,760	2,889	3,206	12.5
Oregon	3,367	3,247	3,149	3,522	4.6
Washington	3,413	3,456	3,485	3,457	1.3
TOTAL	**3,292**	**3,290**	**3,323**	**3,541**	**7.6**

[a]Volume is constructed from a price-weighted quantity index, using 1987 prices.

Source: Part B claims for nine states.

6.0 *REGRESSION ANALYSIS OF TIME TRENDS*

6.1 Introduction

In previous chapters, we saw that physician spending and physician quantity per episode increased dramatically over the study period for most DRGs. At least some of this increase may be due to casemix shifts, as the average patient has become more complicated (and more expensive) to treat. In order to better understand the factors contributing to the observed time trends, we conducted a stepwise regression analysis.

6.2 Sample and Methods

Ten separate regression models were run, one for each of the DRG groups examined in Chapter 4. In order to reduce the computational costs, we selected a random 20 percent sample of cases from the universe of admissions in these DRGs for each year. The resulting sample sizes are shown in Table 6-1.

To statistically determine the contribution of casemix and other factors to the time trends, stepwise regression was used on physician volume per episode.* All admissions within a DRG group were pooled across all states and years, and a simple time trend was entered, showing the gross annual volume change before any adjustments. Additional factors were then stepped in, and the new time trend coefficient is compared with the original, indicating the marginal reduction in the trend due to their inclusion.

The steps were as follows (in this order):

(1) **time**: a time trend (with 1985=1 and 1988=4).

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*Similar regressions were estimated with physician spending per episode as the dependent variable. The general pattern of results was the same. We choose to present the results based on volume here, as this eliminates any geographic price effects.

(2) **severity**: patient age and sex, disability status (i.e., whether the patient was originally entitled to Medicare because of disability or ESRD), DRG, whether the patient died in hospital, whether the patient was received as a transfer, whether the admission was a PPS outlier, and a series of dummy variables measuring the presence of comorbidities or complications.

(3) **hospital/MD characteristics**: hospital teaching status (major, minor, or none), and specialty of the attending physician.

(4) **geographic location**: dummy variables for state and urban/rural.

(5) **practice patterns**: hospital length of stay and the number of physicians associated with the stay.

The time trend coefficient gives the average annual change in volume per episode, holding the other included factors constant. If this coefficient becomes smaller after the severity variables are included, for example, we can conclude that shifts in within-DRG severity are partly responsible for the observed growth in physician volumes.

6.3 Regression Results

Table 6-2 gives the reduction in volume changes per episode with the stepwise inclusion of severity through practice pattern variables. The first column (Year) for each DRG group provides the time trend coefficent itself, while the second column (Δ) indicates the cumulative percentage reduction in the annual volume impact associated with each step. R-squares are also provided (column 3) to show the marginal contribution of each set of variables to volume trends. It is possible for a set of variables to significantly raise the R^2 without materially affecting the time trend coefficient if those variables do not vary systematically over time. (This is the case with the geographic location variables.)

The first figure at the top of each Year column provides a raw estimate of the annual time trend, with no adjustment for casemix or other factors. Once we step in the severity variables, the annual volume impact is reduced in magnitude (although there is considerable variation across DRG groups), suggesting that the average patient has become more seriously ill over time. For medical DRGs, the impact is relatively small: 5-10 percent in the case of stroke, pneumonia, CHF, and digestive disorders, and no change in the case of AMI patients.

Controlling for casemix tended to have a somewhat larger impact on most surgical DRGs. In fact, once we control for casemix, there has been no significant increase in volume for cardiac catheterization patients. (Major joint and hip procedures are an exception, where controlling for casemix actually increases the volume impact.)

Controlling for hospital and physician characteristics also reduces the volume impact. In the case of medical DRGs, this is primarily due to the growing substitution of specialists for GPs and FPs over time. This is not the case for surgical DRGs, however, where there is little specialty variation. Instead, changes in hospital characteristics appear to be responsible. The diffusion of new surgical techniques, like CABG and joint replacement surgery, has meant that these operations are increasingly being performed in minor teaching, and even nonteaching, hospitals. Holding within-DRG severity constant, previous research has shown that observed physician volume per episode is actually greater in nonteaching than in teaching hospitals (because of the number of resident-supplied services not billed to Part B).

Geographic location has little effect on the volume impact, above and beyond that already held constant by the preceding steps. The coefficients associated with individual state dummy variables and with the urban/rural variable are often significant in their own right; they are simply uncorrelated with the time trend.

Including the two practice pattern variables (length of stay and number of physicians) has a dramatic impact on the time trend. The magnitude of the volume impact is reduced by one-half to two-thirds that of the raw (unadjusted) impact in eight of the ten DRG group regressions. The two groups with much smaller cumulative reductions (joint/hip procedures and TURPs) are also those with much slower volume growth to start with.

These results suggest that physician practice styles have played a major role in volume increases over time. At the same time, substantial trends in volume remain, above and beyond those explained by the included variables.

The coefficients in Table 6-2 represent annual volume increases for the DRGs in question. Differences in magnitude across DRGs may be largely due to differences in total episode volume to start with; CABG surgery, is far more service-intensive than any medical DRGs shown, for example. In order to more easily make cross-DRG comparisons, the coefficients from Table 6-2 were converted to annual percent changes (Table 6-3).

The first column in Table 6-3 presents the average annual percent changes, unadjusted for casemix or any factors. These percent changes are consistent with those shown earlier in Chapter 3. The next three columns show the percent volume changes, after adjusting for each of the indicated steps. (For ease of presentation, we have combined two of the steps, hospital/physician characteristics and geographic locations, as the latter did not appreciably alter the time trend coefficient.)

After adjusting for severity, physician volume per episode grew at rates of 8-13 percent annually for the five medical DRG groups shown. Physician volume for surgical DRGs increased far more slowly, 5 percent or less, and actually remained constant in the case of cardiac catheterization. It is noteworthy that, in the case of both medical and surgical DRGS, our casemix adjustment has only a modest effect on the rates of volume growth. This suggests that changes in case severity over time were relatively unimportant in explaining the rise in physician services.

Annual percent changes fall by approximately one point, once we adjust for hospital and physician characteristics, and geographic location. Rates of growth are still substantial, especially for medical DRGs (7-12 percent annually). As expected from the regression results shown earlier, these percent changes are more than halved once we also control for trends in physician practice patterns. Even still, after taking into account declining stays and the rising numbers of physicians involved in those stays, volumes still increased at 3-6 percent annually for the medical DRGs, and 1-3 percent for the surgical DRGs. (Adjusted volume actually falls in the case of cardiac catheterization.)

6.4 Discussion

The purpose of our regression analysis was not to explain the variation in volumes per episode, but rather to better understand the factors contributing to volume growth over the study period. Changes in case severity, hospital and physician characteristics, and (especially) practice patterns were all found to be important contributors to the increase in physician volume from 1985 to 1988.

A slight worsening of case severity over time was expected. As easier cases are increasingly treated in outpatient settings, the average hospital patient becomes more difficult to treat. This change in case severity has only a modest impact on volume trends, however. Severity is much more important in explaining cross-sectional, as opposed to time-series, variation, at least over this short study period.

Enhanced access to care also played an important role in volume growth over the 1985-1988 period, in two ways. First, patients were increasingly treated by specialists who tend to order or perform many more tests and procedures, compared with generalists. Second, the diffusion of surgical technologies from teaching to nonteaching hospitals has resulted in an apparent Part B volume increase. Part B bills are significantly lower in teaching, than in nonteaching, hospitals holding casemix constant (Mitchell and Ellis, 1991), because of the unbilled services provided by residents.

The steady growth in the number of physicians associated with an admission, despite declining stays, would appear to be the most important factor contributing to volume increases. Of course, this is not a truly exogenous variable, as its measurement is based on the number of unique physicians submitting bills (i.e. providing services). Nevertheless, it helps to underscore the role of multiple physicians in driving up service volume.

For policy makers, what is the best measure of volume growth? Are physician services for hospitalized stroke patients really increasing at the rate of 9 percent a year (as suggested by the first column of Table 6-3), for example, or is the "true" rate closer to 3 percent? It would seem reasonable that real changes in case severity, should be netted out; these are legitimate sources of volume growth. At the same time, policymakers would not want to adjust for changing practice patterns, as these are directly under the control of physicians.

This would imply that "true" volume growth is measured by either columns 2 or 3 (Table 6-3), depending on how one chooses to deal with changes in hospital and physician characteristics. To the extent that the increased use of specialists represents enhanced access to care, policymakers may want to take this into account. On the other hand, greater reliance on specialists may be associated with an increased use of marginally necessary tests and

procedures. There may be less ambiguity with respect to hospital characteristics; the diffusion of many surgical technologies to nonteaching hospitals probably also represents improved access to care. The fact that this is accompanied by more Part B bills is an artifact of the Part A-Part B dichotomy, and may not imply an increase in total Medicare outlays.

Perhaps more important than the differences between the percent changes in columns 2 and 3 (which are, in fact, relatively small) are the differences across DRG groups. Why do we observe volume increases for AMI patients that are 50 percent greater than those for CHF patients, even after we adjust for severity and hospital/physician characteristics? One explanation may be technology diffusion; we know, for example, that the use of cardiac catheterization in AMI patients increased dramatically over this time period (although such diffusion should be at least partially captured by hospital and physician characteristics). More research is clearly needed in this area.

TABLE 6-1

REGRESSION SAMPLE SIZES

DRG	Number of Cases (all years)
Stroke (14, 15)	49,614
Pneumonia (89, 90)	39,637
CABG Surgery (106, 107)	16,184
AMI (121, 122, 123)	32,023
Cardiac Catheterization (124, 125)	41,561
Congestive Heart Failure (127)	53,341
Major Bowel Procedures (148, 149)	30,649
Miscellaneous Digestive Disorders (182, 193)	37,528
Major Joint & Hip/Femur Procedures (209, 210)	25,613
TURPs (336, 337)	42,209

Source: Part B Claims for nine states.

TABLE 6-2

STEPWISE CHANGES IN THE ANNUAL VOLUME IMPACT BY DRG GROUP

	STROKE			PNEUMONIA			CONGESTIVE HEART FAILURE			MISCELLANEOUS DIGESTIVE DISORDERS			AMI		
	Year	Δ	R^2	Year	Δ	R^2	Year	Δ	R^2	Year	Δ	R^2	Year	Δ	R^2
Year	62.9		0.018	45.5		0.014	57.4		0.018	61.6		0.021	142.0		0.011
Severity	58.4	7%	0.100	43.3	5%	0.071	51.2	11%	0.069	57.1	7%	0.081	144.7	0%	0.080
Hospital/MD Characteristics	53.6	15%	0.140	40.9	10%	0.117	47.6	17%	0.098	52.2	15%	0.121	124.3	12%	0.121
Geographic Location	53.3	15%	0.167	40.1	12%	0.141	46.9	18%	0.116	52.2	15%	0.140	130.1	8%	0.153
Practice Patterns	23.1	63%	0.508	17.0	63%	0.514	20.8	64%	0.459	23.2	62%	0.474	60.7	57%	0.398

TABLE 6-2 (continued)

STEPWISE CHANGES IN THE ANNUAL VOLUME IMPACT BY DRG GROUP

	CABG SURGERY			MAJOR BOWEL PROCEDURES			MAJOR JOINT/HIP PROCEDURES			TURPS			CARDIAC CATHETERIZATION		
	Year	Δ	R^2	Year	Δ	R^2	Year	Δ	R^2	Year	Δ	R^2	Year	Δ	R^2
Year	300.2		0.020	168.1		0.023	75.3		0.006	30.4		0.003	15.2		0.000
Severity	251.9	16%	0.163	143.0	15%	0.162	84.2	0%	0.280	23.8	22%	0.100	1.5[a]	90%	0.040
Hospital/MD Characteristics	164.2	45%	0.479	115.9	31%	0.289	68.6	9%	0.434	28.6	6%	0.317	-4.8[a]	100%	0.058
Geographic Location	158.0	47%	0.497	113.0	33%	0.304	66.7	11%	0.452	25.2	17%	0.332	2.8[a]	82%	0.066
Practice Patterns	119.2	60%	0.578	83.5	50%	0.526	48.0	36%	0.566	26.1	14%	0.537	-21.0	100%	0.281

[a]Statistically insignificant at the five percent level.

Δ = cumulative percentage reduction in the annual volume impact.

Source: Part B Claims for nine states.

TABLE 6-3

AVERAGE ANNUAL PERCENT CHANGE IN VOLUME PER EPISODE

		ADJUSTED FOR		
DRG Group	Gross	Severity	Hospital-MD Characteristics/Location	Practice Patterns
Stroke	9.0%	8.4%	7.6%	3.3%
Pneumonia	9.1	8.7	8.0	3.4
Congestive Heart Failure	10.3	9.2	8.4	3.7
Miscellaneous Digestive Disorders	10.6	9.8	9.0	4.0
AMI	13.1	13.3	12.0	5.6
CABG Surgery	4.7	3.9	2.5	1.9
Major Bowel Procedures	6.6	5.6	4.4	3.3
Joint/Hip Procedures	2.9	3.3	2.6	1.9
TURPS	1.8	1.4	1.5	1.6
Cardiac Catheterization	1.1	0.4[a]	0.2[a]	-1.5

[a]Not significantly different from zero.

Source: Part B claims from nine states.

References

Helbing, Charles, et al., "Medicare Expenditures for Physician and Supplier Services, 1970-1988," Health Care Financing Review, 12:109-120, Spring 1991.

Mitchell, Janet B., and Randall P. Ellis, "Alternative Payment Systems for Hospital Medical Staffs," Inquiry, forthcoming, 1992.

Prospective Payment Assessment Commission (ProPAC), Technical Appendices to the Report and Recommendations to the Secretary, U.S. Department of Health and Human Services, April 1, 1987.

APPENDIX A

DETAILED DRG TABLES

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	3284.87	3448.83	3746.97	4123.75	25.538
2	CRANIOTOMY FOR TRAUMA AGE >17	2834.35	3021.51	3332.78	3787.24	33.619
4	SPINAL PROCEDURES	2736.17	2922.81	3339.12	3550.08	29.746
5	EXTRACRANIAL VASCULAR PROCEDURES	2671.17	2716.02	2903.30	3002.13	12.390
6	CARPAL TUNNEL RELEASE	780.84	885.00	995.24	1213.57	55.418
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	1575.66	1769.10	2070.03	2150.22	36.465
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1081.53	1122.91	1217.08	1490.64	37.827
9	SPINAL DISORDERS & INJURIES	832.56	996.29	1172.11	1448.60	73.994
10	NERVOUS SYSTEM NEOPLASMS W CC	808.84	889.08	1032.83	1121.54	38.660
11	NERVOUS SYSTEM NEOPLASMS W/O CC	724.88	845.89	956.43	1078.14	48.734
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	644.44	714.77	870.68	891.86	38.394
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	534.51	629.41	617.11	691.31	29.336
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	648.12	703.85	830.11	880.10	35.793
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	495.17	526.71	607.41	642.71	29.796
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	586.81	664.37	778.73	831.33	41.668
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	503.87	535.96	701.21	739.02	46.669
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	675.37	709.96	847.19	854.25	26.486
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	552.18	560.62	645.77	695.12	25.887
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	770.34	854.37	1057.22	1103.05	43.191
21	VIRAL MENINGITIS	692.36	772.92	805.61	965.54	39.456
22	HYPERTENSIVE ENCEPHALOPATHY	336.29	374.53	432.50	480.52	42.887
23	NONTRAUMATIC STUPOR & COMA	471.58	488.04	632.18	609.29	29.203
24	SEIZURE & HEADACHE AGE >17 W CC	499.48	545.13	653.23	686.41	37.424
25	SEIZURE & HEADACHE AGE >17 W/O CC	386.43	407.03	459.48	497.26	28.679
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	752.37	866.83	972.93	960.63	27.681
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	712.81	761.30	903.64	974.25	36.677
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	532.59	561.50	580.98	657.13	23.383
31	CONCUSSION AGE >17 W CC	433.33	489.61	576.05	630.87	45.585
32	CONCUSSION AGE >17 W/O CC	343.89	371.25	405.37	429.20	24.807
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	728.66	729.77	872.64	863.32	18.479
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	542.54	513.10	586.26	650.47	19.894
36	RETINAL PROCEDURES	2082.95	2080.81	2371.42	2571.27	23.443
37	ORBITAL PROCEDURES	1274.15	1190.93	1343.74	1559.39	22.386
38	PRIMARY IRIS PROCEDURES	798.06	784.58	862.07	1006.28	26.090
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1857.75	1847.30	1836.97	1856.23	-0.082
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1039.61	1118.50	1225.33	1302.28	25.267
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	1965.78	2062.07	2327.30	2602.80	32.405
43	HYPHEMA	375.99	257.87	566.78	279.03	-25.788
44	ACUTE MAJOR EYE INFECTIONS	333.09	449.95	401.51	433.77	30.225
45	NEUROLOGICAL EYE DISORDERS	538.85	631.80	642.59	729.35	35.352
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	785.53	551.74	611.64	583.58	-25.710
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	1052.72	796.88	414.92	440.93	-58.115
49	MAJOR HEAD & NECK PROCEDURES	2657.11	2856.00	3142.19	3599.89	35.482
50	SIALOADENECTOMY	1230.53	1286.06	1434.44	1535.11	24.752
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	927.73	1088.24	1109.11	1279.56	37.923
52	CLEFT LIP & PALATE REPAIR	819.17	998.71	1248.74	1494.23	82.408
53	SINUS & MASTOID PROCEDURES AGE >17	1301.01	1348.71	1480.26	1738.17	33.601
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1039.94	1073.41	1228.63	1347.36	29.562
56	RHINOPLASTY	952.46	974.61	1052.89	1137.59	19.438
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,	844.41	960.76	993.45	1318.49	56.143
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	482.02	539.88	541.61	537.46	11.501
61	MYRINGOTOMY W TUBE INSERTION AGE >17	958.11	970.59	1286.32	1343.78	40.253
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1159.15	1161.66	1354.57	1639.48	41.438
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	801.94	827.67	1006.78	1017.31	26.857

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
65	DYSEQUILIBRIUM	331.74	367.89	424.64	458.8	38.289
66	EPISTAXIS	309.38	321.23	389.12	432.1	39.673
67	EPIGLOTTITIS	416.92	777.00	846.08	605.8	45.292
68	OTITIS MEDIA & URI AGE >17 W CC	293.73	323.31	409.45	415.4	41.422
69	OTITIS MEDIA & URI AGE >17 W/O CC	257.26	268.87	331.96	319.2	24.086
71	LARYNGOTRACHEITIS	380.03	360.34	679.22	540.9	42.326
72	NASAL TRAUMA & DEFORMITY	534.26	461.51	687.73	584.5	9.411
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	531.93	552.85	584.17	611.3	14.913
75	MAJOR CHEST PROCEDURES	2841.57	2915.09	3312.73	3452.3	21.492
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1722.23	1777.07	1962.47	1930.9	12.118
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1349.02	1249.35	1376.92	1320.4	-2.123
78	PULMONARY EMBOLISM	625.34	682.77	773.26	817.8	30.778
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	648.21	689.18	770.46	772.9	19.231
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	526.42	531.59	559.41	555.9	5.597
82	RESPIRATORY NEOPLASMS	831.97	855.96	989.80	1009.8	21.379
83	MAJOR CHEST TRAUMA W CC	515.72	555.03	629.85	653.0	26.620
84	MAJOR CHEST TRAUMA W/O CC	321.24	383.58	351.49	394.6	22.837
85	PLEURAL EFFUSION W CC	623.64	698.21	848.73	831.4	33.311
86	PLEURAL EFFUSION W/O CC	631.69	597.51	645.52	643.0	1.790
87	PULMONARY EDEMA & RESPIRATORY FAILURE	460.69	479.88	626.81	668.4	45.088
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	437.04	478.59	554.57	565.4	29.368
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	444.96	482.53	570.97	579.5	30.242
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	355.77	358.82	399.33	407.5	14.550
92	INTERSTITIAL LUNG DISEASE W CC	650.78	732.71	866.16	789.9	21.382
93	INTERSTITIAL LUNG DISEASE W/O CC	590.43	610.15	645.96	674.8	14.298
94	PNEUMOTHORAX W CC	702.59	699.67	842.79	839.2	19.444
95	PNEUMOTHORAX W/O CC	484.54	529.11	491.56	556.9	14.935
96	BRONCHITIS & ASTHMA AGE >17 W CC	357.17	393.33	462.87	480.9	34.645
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	276.01	301.82	346.47	360.7	30.687
99	RESPIRATORY SIGNS & SYMPTOMS W CC	438.09	460.50	533.38	578.9	32.137
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	381.35	408.52	463.96	485.9	27.408
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	567.85	621.70	655.15	614.2	8.165
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	435.91	412.50	438.66	455.3	4.438
103	HEART TRANSPLANT	1551.60	2341.81	5700.82	11142.3	618.117
104	CARDIAC VALVE PROCEDURE W PUMP & W CARDIAC CATH	6123.40	6596.93	7629.78	8414.7	37.420
105	CARDIAC VALVE PROCEDURE W PUMP & W/O CARDIAC CATH	5384.10	5991.20	6394.56	7060.6	31.139
106	CORONARY BYPASS W CARDIAC CATH	5824.58	6279.69	7153.20	7550.0	29.623
107	CORONARY BYPASS W/O CARDIAC CATH	5126.76	5697.45	6230.91	6335.0	23.567
108	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, W PUMP	5102.25	5429.37	5880.97	7166.9	40.466
109	OTHER CARDIOTHORACIC PROCEDURES W/O PUMP	3013.41	3107.50	3647.57	3871.7	28.483
110	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W CC	3743.36	3862.35	4304.64	4644.9	24.084
111	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W/O CC	3056.25	3116.00	3362.26	3597.6	17.712
112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUM	1935.06	1934.82	2112.41	2310.8	19.419
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB	1715.75	1808.06	2117.72	2128.9	24.082
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	1008.21	1066.88	1276.32	1277.7	26.733
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR	2420.88	2423.87	2658.12	2690.7	11.146
116	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE O	1751.95	2035.66	2042.31	2067.2	17.995
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1739.65	1792.39	1948.27	1355.8	-22.063
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	1031.73	1026.34	1271.13	1522.0	47.517
119	VEIN LIGATION & STRIPPING	989.43	1064.98	1133.06	1212.4	22.539
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	1442.66	1620.73	1857.98	2065.3	43.156
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE	874.29	995.98	1215.69	1312.1	50.078
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE	896.73	1055.65	1253.94	1440.3	60.623
123	CIRCULATORY DISORDERS W AMI, EXPIRED	802.25	854.43	1034.73	1100.6	37.192

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX	1199.74	1294.42	1345.65	1425.24	18.795
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPL	949.93	1018.17	1004.57	1052.82	10.832
126	ACUTE & SUBACUTE ENDOCARDITIS	1220.03	1372.58	1528.51	1662.14	36.237
127	HEART FAILURE & SHOCK	453.66	495.08	576.23	618.07	36.241
128	DEEP VEIN THROMBOPHLEBITIS	402.24	430.69	487.59	506.77	25.988
129	CARDIAC ARREST, UNEXPLAINED	583.83	668.25	717.52	754.00	29.147
130	PERIPHERAL VASCULAR DISORDERS W CC	606.22	583.34	643.77	663.01	9.367
131	PERIPHERAL VASCULAR DISORDERS W/O CC	519.31	501.81	470.74	518.41	-0.172
132	ATHEROSCLEROSIS W CC	548.66	599.26	541.96	576.98	5.162
133	ATHEROSCLEROSIS W/O CC	584.87	976.61	455.17	495.01	-15.365
134	HYPERTENSION	376.67	398.08	459.50	493.21	30.940
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	709.18	642.15	711.12	766.78	8.122
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	594.65	885.53	543.49	526.63	-11.439
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	459.05	489.81	571.33	615.48	34.075
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	397.00	420.33	435.49	470.37	18.481
140	ANGINA PECTORIS	364.86	390.46	439.54	482.12	32.140
141	SYNCOPE & COLLAPSE W CC	434.26	475.62	566.33	608.82	40.197
142	SYNCOPE & COLLAPSE W/O CC	381.45	398.32	458.81	490.65	28.626
143	CHEST PAIN	307.72	334.17	388.80	412.39	34.014
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	536.28	587.98	679.33	691.20	28.886
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	464.19	475.69	495.04	517.84	11.556
146	RECTAL RESECTION W CC	2688.64	2867.95	3048.64	3300.81	22.769
147	RECTAL RESECTION W/O CC	2177.49	2156.44	2335.30	2459.02	12.929
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2404.30	2566.24	2834.93	3061.63	27.340
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1961.39	1953.11	2073.90	2220.13	13.192
150	PERITONEAL ADHESIOLYSIS W CC	1746.93	1782.77	2049.77	2204.68	26.203
151	PERITONEAL ADHESIOLYSIS W/O CC	1315.26	1335.92	1435.40	1568.51	19.255
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1225.57	1286.51	1431.38	1629.93	32.993
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1025.40	1077.23	1106.60	1294.68	26.261
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	2291.23	2378.03	2677.26	2859.89	24.819
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O C	1619.53	1637.13	1733.44	1895.75	17.056
157	ANAL & STOMAL PROCEDURES W CC	1001.54	1072.89	1213.01	1301.19	29.920
158	ANAL & STOMAL PROCEDURES W/O CC	748.09	773.22	844.60	874.42	16.887
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W C	1188.73	1215.01	1331.01	1427.79	20.111
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O	937.79	949.49	1019.81	1121.80	19.622
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	979.72	1001.37	1096.76	1128.65	15.201
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	776.67	796.77	857.29	915.57	17.884
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1407.55	1527.40	1645.42	1764.57	25.365
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	978.87	1054.06	1116.44	1228.13	25.464
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1126.06	1369.41	1297.84	1402.84	24.579
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	842.38	896.84	1003.52	1062.57	26.138
168	MOUTH PROCEDURES W CC	776.80	955.67	1036.82	1200.26	54.514
169	MOUTH PROCEDURES W/O CC	596.49	676.67	748.64	920.70	54.351
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1764.41	1853.38	2103.28	2212.05	25.371
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1215.26	1259.06	1401.55	1428.74	17.567
172	DIGESTIVE MALIGNANCY W CC	814.72	748.24	891.59	969.48	18.996
173	DIGESTIVE MALIGNANCY W/O CC	887.89	767.45	703.97	769.36	-13.349
174	G.I. HEMORRHAGE W CC	582.58	633.87	730.65	787.33	35.146
175	G.I. HEMORRHAGE W/O CC	521.72	527.29	616.80	650.97	24.775
176	COMPLICATED PEPTIC ULCER	689.14	744.47	810.75	876.92	27.247
177	UNCOMPLICATED PEPTIC ULCER W CC	514.87	576.18	658.78	709.93	37.887
178	UNCOMPLICATED PEPTIC ULCER W/O CC	458.97	473.16	568.52	602.23	31.213
179	INFLAMMATORY BOWEL DISEASE	594.81	650.25	773.24	908.82	52.792
180	G.I. OBSTRUCTION W CC	474.53	494.51	583.91	634.33	33.677

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
181	G.I. OBSTRUCTION W/O CC	369.17	365.34	407.67	429.99	16.4754
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	440.89	488.64	576.20	629.50	42.7796
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	381.89	406.86	466.96	508.73	33.2135
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AG	415.93	412.21	533.82	504.82	21.3717
187	DENTAL EXTRACTIONS & RESTORATIONS	177.08	189.48	235.26	236.65	33.6377
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	638.92	657.50	745.19	825.07	29.1348
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	578.47	612.63	550.62	605.99	4.7571
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2639.95	2765.57	3433.85	3828.70	45.0291
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	1690.22	1859.98	2476.02	2584.78	52.9254
193	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	2241.07	2375.12	2753.81	3026.17	35.0323
194	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	1760.79	1851.71	2020.34	2420.72	37.4793
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	1989.23	2039.55	2356.60	2455.96	23.4628
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	1602.79	1667.26	1786.61	1919.75	19.7754
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	1728.06	1791.05	1921.30	2027.60	17.3340
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1396.04	1382.60	1488.16	1537.62	10.1414
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	1791.60	1891.04	2133.60	2211.20	23.4203
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	1632.26	1716.50	1917.61	2208.94	35.3307
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	1488.79	1508.41	1664.76	1885.46	26.6438
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	641.15	647.69	750.81	826.71	28.9416
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	624.58	652.53	782.09	855.97	37.0469
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	546.46	585.91	657.23	720.04	31.7643
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	580.46	601.62	719.70	731.81	26.0745
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	456.23	498.91	512.57	546.87	19.8671
207	DISORDERS OF THE BILIARY TRACT W CC	594.36	570.67	708.57	793.25	33.4626
208	DISORDERS OF THE BILIARY TRACT W/O CC	440.61	478.25	524.25	592.21	34.4080
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES	2927.24	2985.38	3145.54	3330.08	13.7618
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2081.69	2133.93	2324.15	2403.22	15.4456
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C	1745.84	1775.11	1933.71	2044.98	17.1346
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DIS	1259.53	1320.60	1545.47	1681.43	33.4961
214	BACK & NECK PROCEDURES W CC	2899.16	2939.06	3029.53	3484.69	20.1964
215	BACK & NECK PROCEDURES W/O CC	2311.89	2360.11	2393.87	2814.53	21.7414
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1400.77	1651.78	1912.64	2145.82	53.1891
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN	1647.87	1860.47	2103.86	2271.13	37.8221
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1517.64	1645.82	1727.37	1840.21	21.2541
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1165.15	1205.78	1317.68	1417.96	21.6971
221	KNEE PROCEDURES W CC	2063.44	2017.97	2396.07	2736.29	32.6081
222	KNEE PROCEDURES W/O CC	1385.69	1567.83	1723.22	2021.67	45.8956
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PRO	1289.11	1249.29	1413.98	1577.76	22.3913
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/	936.23	1006.12	1086.20	1216.76	29.9636
225	FOOT PROCEDURES	937.01	992.48	1103.22	1211.77	29.3240
226	SOFT TISSUE PROCEDURES W CC	1228.36	1413.29	1617.01	1758.17	43.1320
227	SOFT TISSUE PROCEDURES W/O CC	934.47	1003.22	1123.79	1282.18	37.2088
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W C	1097.39	1222.00	1342.72	1636.49	49.1261
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	858.53	913.90	1007.75	1223.36	42.4941
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FE	1337.20	1471.06	1896.92	1989.45	48.7770
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP	1143.86	1292.40	1450.06	1714.02	49.8455
232	ARTHROSCOPY	1088.28	1350.68	1571.79	1897.54	74.3613
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2514.43	2693.32	2961.98	3064.89	21.8920
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	2129.03	2327.48	2465.89	2683.83	26.0586
235	FRACTURES OF FEMUR	784.80	881.14	1024.55	1061.37	35.2398
236	FRACTURES OF HIP & PELVIS	1370.39	1469.26	1596.21	1701.21	24.1411
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	365.43	473.45	564.51	535.20	46.4584
238	OSTEOMYELITIS	770.10	840.87	894.23	950.27	23.3959
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MA	656.62	700.58	807.25	867.60	32.1308

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
240	CONNECTIVE TISSUE DISORDERS W CC	838.41	944.01	1200.21	1159.80	38.334
241	CONNECTIVE TISSUE DISORDERS W/O CC	925.56	1032.69	1164.47	1287.02	39.054
242	SEPTIC ARTHRITIS	614.51	704.57	750.51	854.80	39.102
243	MEDICAL BACK PROBLEMS	609.13	639.59	597.68	613.28	0.682
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	1678.43	2026.68	2379.80	2544.39	51.594
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	1924.13	2208.38	2485.23	2646.60	37.548
246	NON-SPECIFIC ARTHROPATHIES	734.49	832.27	1007.18	1204.52	63.993
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSU	405.93	454.55	515.27	545.31	34.337
248	TENDONITIS, MYOSITIS & BURSITIS	446.95	473.98	480.91	555.27	24.236
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1155.48	1227.47	1349.34	1661.44	43.787
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W	556.91	645.95	714.73	750.61	34.782
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/	449.15	509.11	552.38	558.37	24.318
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	586.52	643.76	712.42	754.97	28.720
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	440.20	488.87	502.34	528.90	20.151
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNO	589.12	608.84	659.23	682.84	15.910
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1520.83	1551.57	1651.33	1761.86	15.848
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1359.31	1381.12	1479.11	1555.66	14.445
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1140.68	1282.18	1388.44	1593.38	39.687
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	874.32	956.80	1134.23	1207.71	38.132
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EX	930.45	1101.03	1267.31	1620.24	74.135
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	555.95	574.62	654.30	776.38	39.648
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1243.37	1422.99	1551.23	1702.94	36.962
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O	869.53	967.59	1018.80	1085.79	24.871
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	1083.56	1366.56	1470.10	1544.31	42.522
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	841.17	850.28	1009.61	1145.89	36.227
267	PERIANAL & PILONIDAL PROCEDURES	713.49	624.77	696.41	876.19	22.804
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	818.52	901.61	1075.91	1218.94	48.920
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1187.22	1244.41	1473.24	1557.68	31.204
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	669.50	806.62	891.04	887.49	32.561
271	SKIN ULCERS	519.11	507.79	575.27	638.22	22.944
272	MAJOR SKIN DISORDERS W CC	454.63	517.60	546.41	562.90	23.815
273	MAJOR SKIN DISORDERS W/O CC	344.05	356.64	385.34	439.83	27.838
274	MALIGNANT BREAST DISORDERS W CC	616.09	682.08	711.55	769.81	24.950
275	MALIGNANT BREAST DISORDERS W/O CC	793.16	923.63	703.88	598.43	-24.551
276	NON-MALIGANT BREAST DISORDERS	365.27	429.79	396.89	477.54	30.734
277	CELLULITIS AGE >17 W CC	418.90	457.78	519.91	547.35	30.664
278	CELLULITIS AGE >17 W/O CC	328.37	337.62	370.64	392.33	19.478
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	380.48	418.19	508.90	515.05	35.371
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	302.07	316.77	364.51	390.93	29.420
283	MINOR SKIN DISORDERS W CC	451.71	464.38	527.06	533.51	18.107
284	MINOR SKIN DISORDERS W/O CC	394.20	365.66	413.12	395.43	0.310
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	1938.51	1866.03	2316.17	2178.07	12.358
286	ADRENAL & PITUITARY PROCEDURES	3200.80	3196.62	3383.79	4078.54	27.422
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI	1119.59	1153.73	1404.37	1511.69	35.021
288	O.R. PROCEDURES FOR OBESITY	1861.22	1717.00	2010.22	1807.90	-2.865
289	PARATHYROID PROCEDURES	1763.60	1847.89	1978.93	2018.25	14.439
290	THYROID PROCEDURES	1332.27	1415.50	1557.41	1668.67	25.251
291	THYROGLOSSAL PROCEDURES	863.32	959.28	998.32	1097.46	27.120
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1967.80	2287.22	2561.72	2620.87	33.188
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1627.41	1584.78	1671.50	1737.73	6.779
294	DIABETES AGE >35	358.16	399.49	466.17	501.86	40.122
295	DIABETES AGE 0-35	.	.	250.63	316.88	.
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	407.97	456.42	540.85	586.31	43.716
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	332.89	338.95	389.59	415.28	24.748

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
299	INBORN ERRORS OF METABOLISM	651.66	474.34	547.87	590.92	-9.320
300	ENDOCRINE DISORDERS W CC	608.28	629.43	703.91	797.91	31.176
301	ENDOCRINE DISORDERS W/O CC	577.20	564.25	572.28	558.97	-3.158
302	KIDNEY TRANSPLANT	3764.19	3689.86	3418.60	4399.39	16.875
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	2737.65	2986.10	3206.98	3466.40	26.620
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	1928.39	1994.89	2504.32	2555.19	32.504
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1450.53	1399.97	1645.88	1784.41	23.018
306	PROSTATECTOMY W CC	1699.49	1757.00	1930.54	2005.04	17.979
307	PROSTATECTOMY W/O CC	1397.18	1447.32	1532.67	1571.09	12.447
308	MINOR BLADDER PROCEDURES W CC	1245.09	1326.36	1612.35	1676.56	34.654
309	MINOR BLADDER PROCEDURES W/O CC	1032.24	1052.10	1113.49	1258.51	21.921
310	TRANSURETHRAL PROCEDURES W CC	983.70	1022.04	1207.51	1253.07	27.384
311	TRANSURETHRAL PROCEDURES W/O CC	787.52	815.40	890.99	943.36	19.790
312	URETHRAL PROCEDURES, AGE >17 W CC	706.85	773.84	887.06	955.54	35.183
313	URETHRAL PROCEDURES, AGE >17 W/O CC	585.34	648.98	688.36	701.37	19.823
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	1767.59	1996.46	2184.28	2243.63	26.932
316	RENAL FAILURE	650.90	662.87	759.92	805.00	23.675
317	ADMIT FOR RENAL DIALYSIS	186.47	239.03	402.56	348.31	86.794
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	686.25	710.79	743.00	854.67	24.541
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	734.08	733.76	606.71	613.30	-16.454
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	398.96	437.50	530.92	553.44	38.723
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	325.59	348.14	390.65	419.37	28.804
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	518.68	560.98	652.28	711.95	37.263
324	URINARY STONES W/O CC	392.86	433.25	564.65	641.04	63.173
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	408.12	409.14	494.35	526.91	29.106
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	388.30	371.36	399.38	403.54	3.925
328	URETHRAL STRICTURE AGE >17 W CC	488.68	480.30	539.25	619.70	26.810
329	URETHRAL STRICTURE AGE >17 W/O CC	512.30	477.05	476.55	506.96	-1.044
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	526.71	552.34	636.27	698.72	32.657
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	499.79	478.69	524.73	532.06	6.456
334	MAJOR MALE PELVIC PROCEDURES W CC	2179.79	2339.68	2583.01	2805.05	28.684
335	MAJOR MALE PELVIC PROCEDURES W/O CC	1965.92	2088.93	2330.96	2587.50	31.618
336	TRANSURETHRAL PROSTATECTOMY W CC	1584.59	1590.80	1686.82	1705.79	7.649
337	TRANSURETHRAL PROSTATECTOMY W/O CC	1355.42	1369.16	1442.45	1455.34	7.372
338	TESTES PROCEDURES, FOR MALIGNANCY	973.60	995.26	1125.19	1154.94	18.626
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	709.21	776.71	851.65	877.47	23.726
341	PENIS PROCEDURES	1419.13	1481.68	1623.74	1775.29	25.097
342	CIRCUMCISION AGE >17	492.32	458.01	633.98	666.76	35.431
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALI	1449.51	1563.29	1741.18	1840.74	26.990
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MAL	969.87	1021.16	1020.60	994.53	2.542
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	664.02	631.22	683.30	718.25	8.167
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	758.22	640.87	491.05	511.65	-32.519
348	BENIGN PROSTATIC HYPERTROPHY W CC	833.63	663.24	621.34	591.33	-29.066
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	1030.71	733.54	497.02	510.20	-50.501
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	358.05	351.53	388.27	405.22	13.174
351	STERILIZATION, MALE	.	.	.	437.56	.
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	548.68	475.33	445.38	499.27	-9.006
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VUL	2597.02	2598.01	2843.46	3222.48	24.084
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1767.92	1916.38	2080.59	2148.71	21.539
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O C	1440.84	1535.78	1595.30	1705.35	18.358
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	978.16	1041.21	1136.49	1247.82	27.569
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	1990.16	2204.49	2270.81	2841.58	42.782
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	1611.15	1622.27	1776.55	1886.13	17.068
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1355.88	1419.33	1508.54	1635.88	20.651

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
360	VAGINA, CERVIX & VULVA PROCEDURES	711.06	768.50	907.40	1024.47	44.076
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	815.25	788.76	1013.20	1040.84	27.671
362	ENDOSCOPIC TUBAL INTERRUPTION	205.14	373.84	709.83	1042.72	408.286
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	695.86	781.43	842.34	958.45	37.736
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	503.02	558.15	615.19	664.69	32.140
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1533.11	1537.34	1811.73	1909.29	24.537
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	676.84	596.36	701.16	860.07	27.071
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	685.35	504.82	416.90	460.77	-32.768
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	325.11	427.73	532.44	527.89	62.374
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	759.15	490.83	469.50	521.87	-31.256
370	CESAREAN SECTION W CC	821.42	1191.66	1165.58	1243.34	51.365
371	CESAREAN SECTION W/O CC	941.03	753.78	983.36	1089.55	15.783
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	513.00	591.09	588.85	572.78	11.654
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	444.93	445.70	502.29	561.46	26.190
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	679.54	611.00	635.34	693.34	2.031
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	.	.	.	594.10	.
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	253.41	203.71	335.50	189.52	-25.214
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	342.31	41.50	1664.67	647.43	89.134
378	ECTOPIC PREGNANCY	718.93	1114.07	715.19	855.88	19.049
379	THREATENED ABORTION	99.54	163.29	148.94	120.86	21.418
380	ABORTION W/O D&C	285.93	161.23	137.38	78.00	-72.721
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	343.64	359.34	564.01	521.80	51.847
382	FALSE LABOR	55.30	70.23	65.93	65.62	18.656
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	278.76	226.74	253.08	237.26	-14.889
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	124.78	308.86	160.52	165.84	32.903
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FAC	961.97	125.00	.	.	.
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NE	324.95	360.00	.	.	.
389	FULL TERM NEONATE W MAJOR PROBLEMS	1382.97	1020.56	625.02	989.67	-28.439
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	619.17	164.30	959.22	392.67	-36.581
391	NORMAL NEWBORN	.	.	.	345.24	.
392	SPLENECTOMY AGE >17	2157.43	2295.41	2536.56	2731.05	26.588
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING OR	953.80	1180.54	1397.48	1404.65	47.269
395	RED BLOOD CELL DISORDERS AGE >17	397.77	425.70	516.94	557.96	40.272
397	COAGULATION DISORDERS	491.60	502.89	602.89	633.32	28.826
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	514.35	520.69	622.05	588.45	14.405
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	411.18	407.98	496.05	448.47	9.070
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	2192.26	2400.14	2695.36	2858.50	30.391
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	1530.57	1684.94	1843.32	2125.52	38.871
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1053.82	1167.41	1308.13	1290.24	22.434
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	738.12	792.39	961.28	994.14	34.685
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	539.74	571.18	651.16	625.25	15.842
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	2084.49	2144.67	2441.68	2835.14	36.011
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	1476.99	1588.97	1813.39	1894.59	28.273
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PRO	931.87	983.29	1164.49	1230.89	32.088
409	RADIOTHERAPY	686.89	704.91	808.20	869.40	26.572
410	CHEMOTHERAPY	156.31	178.99	205.60	227.98	45.849
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	371.10	409.25	404.45	498.90	34.440
412	HISTORY OF MALIGNANCY W ENDOSCOPY	454.19	479.55	727.50	788.86	73.685
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	596.07	687.84	784.02	867.55	45.546
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	545.23	544.71	624.71	608.34	11.575
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	1732.29	1879.79	2110.25	2311.21	33.420
416	SEPTICEMIA AGE >17	567.57	603.66	708.70	759.34	33.787
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	358.06	382.97	408.89	457.57	27.792
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	432.82	505.30	556.67	609.79	40.888

MEAN ALLOW BY DRG FOR SERVICES DURING HOSPITALIZATION

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	372.61	376.69	416.68	474.85	27.441
421	VIRAL ILLNESS AGE >17	335.80	343.80	421.93	410.93	22.372
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	602.05	690.40	778.76	848.08	40.865
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1767.42	2037.14	2259.60	2412.56	36.502
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFU	388.16	430.31	536.47	576.10	48.418
426	DEPRESSIVE NEUROSES	561.77	606.57	692.50	699.92	24.592
427	NEUROSES EXCEPT DEPRESSIVE	470.96	528.63	618.09	683.30	45.088
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	487.84	498.34	637.70	613.96	25.854
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	520.25	625.28	730.16	799.91	53.754
430	PSYCHOSES	620.33	708.68	822.06	854.59	37.765
431	CHILDHOOD MENTAL DISORDERS	586.82	585.46	682.55	557.58	-4.983
432	OTHER MENTAL DISORDER DIAGNOSES	361.44	418.39	569.60	705.44	95.172
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	207.23	189.07	233.57	274.55	32.487
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC	419.22	507.76	578.60	616.05	46.949
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O	339.86	379.15	445.02	487.97	43.580
439	SKIN GRAFTS FOR INJURIES	1006.24	1243.75	1293.15	1173.44	16.616
440	WOUND DEBRIDEMENTS FOR INJURIES	875.96	856.40	1108.24	1307.52	49.266
441	HAND PROCEDURES FOR INJURIES	697.42	884.71	974.31	1057.06	51.568
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	1505.45	1532.56	1645.41	1768.38	17.465
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	1021.37	994.72	1049.03	1294.95	26.786
444	MULTIPLE TRAUMA AGE >17 W CC	396.81	523.86	505.23	530.12	33.596
445	MULTIPLE TRAUMA AGE >17 W/O CC	371.62	346.56	372.71	425.29	14.442
447	ALLERGIC REACTIONS AGE >17	273.84	285.30	326.72	362.48	32.368
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	370.27	398.10	467.71	513.86	38.779
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	289.69	305.67	338.19	383.94	32.532
452	COMPLICATIONS OF TREATMENT W CC	374.03	383.68	437.84	508.38	35.921
453	COMPLICATIONS OF TREATMENT W/O CC	315.12	301.26	298.93	371.07	17.757
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	388.86	401.87	504.83	596.56	53.412
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	260.36	275.12	315.26	403.91	55.135
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	747.11	1127.86	697.04	1326.20	77.510
457	EXTENSIVE BURNS W/O O.R. PROCEDURE	760.39	600.08	871.59	600.38	-21.043
458	NON-EXTENSIVE BURNS W SKIN GRAFT	1670.20	1686.69	2101.25	2290.52	37.140
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. P	727.69	1003.77	873.28	980.25	34.708
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	438.84	479.41	472.33	457.23	4.190
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICE	1195.64	1200.35	1527.42	1788.44	49.580
462	REHABILITATION	1363.52	1528.77	1770.95	1889.70	38.590
463	SIGNS & SYMPTOMS W CC	452.02	464.11	600.50	632.19	39.860
464	SIGNS & SYMPTOMS W/O CC	369.13	379.31	460.58	497.70	34.830
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSI	424.81	472.18	470.13	563.83	32.727
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNO	425.71	499.44	528.13	653.55	53.519
467	OTHER FACTORS INFLUENCING HEALTH STATUS	441.22	397.91	409.15	441.94	0.164
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2071.92	2239.55	2550.56	2801.33	35.205
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	729.70	255.48	1874.90	.	.
470	UNGROUPABLE	951.88	1083.15	1226.84	1394.74	46.525
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	6115.27	5046.47	5280.45	6663.37	8.963
472	EXTENSIVE BURNS W O.R. PROCEDURE	4440.09	5101.76	5788.44	5826.56	31.226
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	787.07	996.53	1076.28	1250.81	58.919
474	RESPIRATORY SYSTEM DIAGNOSIS WITH TRACHEOSTOMY	3225.18	3602.76	4493.40	4937.26	53.085
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	952.87	1073.81	1279.45	1436.78	50.785
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2204.40	2412.19	2651.44	2786.94	26.426
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	1265.40	1336.79	1536.12	1614.88	27.619

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	3527.47	3721.33	4064.44	4487.79	27.224
2	CRANIOTOMY FOR TRAUMA AGE >17	2976.43	3185.68	3530.18	4058.61	36.358
4	SPINAL PROCEDURES	2913.52	3169.84	3575.13	3895.13	33.691
5	EXTRACRANIAL VASCULAR PROCEDURES	2838.47	2898.45	3119.29	3268.47	15.149
6	CARPAL TUNNEL RELEASE	912.38	1045.29	1180.47	1412.56	54.820
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	1751.34	1987.25	2257.80	2430.35	38.771
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1204.21	1260.48	1372.17	1672.78	38.911
9	SPINAL DISORDERS & INJURIES	987.86	1188.80	1417.48	1754.13	77.570
10	NERVOUS SYSTEM NEOPLASMS W CC	1024.48	1137.28	1327.68	1502.16	46.627
11	NERVOUS SYSTEM NEOPLASMS W/O CC	983.81	1140.56	1288.27	1562.66	58.836
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	787.31	867.82	1039.41	1095.28	39.117
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	689.16	794.24	816.69	887.59	28.792
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	763.27	838.84	985.59	1063.57	39.343
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	622.56	666.18	770.63	835.45	34.196
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	723.63	802.75	953.70	1049.27	45.000
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	615.66	668.97	861.63	1009.67	63.997
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	853.49	895.84	1082.67	1161.49	36.088
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	703.94	741.25	865.34	952.13	35.257
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	933.17	998.59	1241.49	1345.62	44.200
21	VIRAL MENINGITIS	779.75	903.30	995.83	1181.00	51.459
22	HYPERTENSIVE ENCEPHALOPATHY	442.76	493.70	567.03	663.94	49.954
23	NONTRAUMATIC STUPOR & COMA	600.71	622.90	794.92	803.47	33.754
24	SEIZURE & HEADACHE AGE >17 W CC	650.54	698.32	829.40	902.68	38.759
25	SEIZURE & HEADACHE AGE >17 W/O CC	504.29	530.71	607.86	679.97	34.838
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	840.10	990.97	1117.32	1102.28	31.208
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	836.33	912.93	1077.84	1205.83	44.181
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	668.08	698.86	761.15	841.23	25.919
31	CONCUSSION AGE >17 W CC	560.43	622.15	717.49	796.83	42.183
32	CONCUSSION AGE >17 W/O CC	435.76	487.00	532.43	591.05	35.637
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	898.30	917.66	1073.40	1113.24	23.928
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	704.39	677.05	772.80	892.52	26.708
36	RETINAL PROCEDURES	2262.77	2302.73	2659.00	2916.79	28.904
37	ORBITAL PROCEDURES	1469.51	1421.32	1620.93	1868.42	27.146
38	PRIMARY IRIS PROCEDURES	1040.23	1166.74	1241.81	1397.11	34.307
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1990.84	2018.52	2060.02	2088.37	4.899
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1153.43	1250.83	1374.25	1491.19	29.283
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	2176.93	2284.53	2574.45	2893.35	32.910
43	HYPHEMA	1071.31	868.86	992.14	962.25	-10.180
44	ACUTE MAJOR EYE INFECTIONS	517.97	752.42	684.35	785.88	51.723
45	NEUROLOGICAL EYE DISORDERS	693.49	829.15	877.83	1015.77	46.472
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	1029.47	810.66	906.83	959.62	-6.786
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	1327.89	1137.96	936.29	986.41	-25.716
49	MAJOR HEAD & NECK PROCEDURES	2962.05	3221.87	3608.62	4111.90	38.819
50	SIALOADENECTOMY	1353.99	1429.28	1614.05	1770.12	30.733
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	1023.08	1212.44	1257.87	1402.51	37.088
52	CLEFT LIP & PALATE REPAIR	918.85	1075.52	1347.21	1657.13	80.348
53	SINUS & MASTOID PROCEDURES AGE >17	1423.28	1496.35	1625.82	1935.16	35.965
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1168.27	1219.53	1395.39	1560.84	33.603
56	RHINOPLASTY	1050.09	1087.70	1193.47	1293.84	23.212
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,	1024.95	1184.68	1300.98	1807.23	76.323
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	575.47	729.07	689.02	825.41	43.433
61	MYRINGOTOMY W TUBE INSERTION AGE >17	1061.25	1087.93	1567.12	1531.39	44.300
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1342.85	1342.94	1604.41	1909.96	42.231
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1173.30	1202.99	1415.34	1551.33	32.220

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
65	DYSEQUILIBRIUM	440.59	485.56	562.81	629.4	42.848
66	EPISTAXIS	448.39	463.22	551.99	658.3	46.803
67	EPIGLOTTITIS	527.37	974.10	982.37	800.5	51.798
68	OTITIS MEDIA & URI AGE >17 W CC	411.36	449.03	578.22	575.3	39.852
69	OTITIS MEDIA & URI AGE >17 W/O CC	348.74	375.13	455.96	458.8	31.549
71	LARYNGOTRACHEITIS	472.13	482.65	780.85	942.5	99.632
72	NASAL TRAUMA & DEFORMITY	656.63	602.49	862.55	771.6	17.509
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	665.06	704.06	771.48	808.4	21.555
75	MAJOR CHEST PROCEDURES	3117.05	3217.94	3662.62	3866.9	24.058
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2109.23	2170.37	2377.81	2412.6	14.383
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1683.66	1629.50	1821.05	1773.3	5.324
78	PULMONARY EMBOLISM	767.41	833.93	945.11	1033.4	34.656
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	786.19	832.95	938.28	967.6	23.070
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	651.74	657.74	693.70	725.1	11.258
82	RESPIRATORY NEOPLASMS	1102.69	1151.79	1323.34	1392.0	26.238
83	MAJOR CHEST TRAUMA W CC	645.24	673.36	772.98	832.9	29.087
84	MAJOR CHEST TRAUMA W/O CC	408.21	487.90	460.35	504.0	23.460
85	PLEURAL EFFUSION W CC	798.77	897.82	1082.72	1094.5	37.020
86	PLEURAL EFFUSION W/O CC	798.79	817.28	868.00	916.0	14.673
87	PULMONARY EDEMA & RESPIRATORY FAILURE	607.96	630.02	822.48	931.6	53.242
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	643.57	706.20	814.08	853.0	32.541
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	572.14	623.03	735.57	762.6	33.286
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	455.69	465.61	525.21	549.2	20.511
92	INTERSTITIAL LUNG DISEASE W CC	843.83	922.15	1119.02	1057.1	25.275
93	INTERSTITIAL LUNG DISEASE W/O CC	765.85	805.66	880.54	980.4	28.015
94	PNEUMOTHORAX W CC	886.03	901.93	1056.05	1098.4	23.966
95	PNEUMOTHORAX W/O CC	626.89	684.10	652.33	734.4	17.149
96	BRONCHITIS & ASTHMA AGE >17 W CC	518.53	573.71	672.64	710.3	36.989
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	393.16	435.52	504.20	531.6	35.204
99	RESPIRATORY SIGNS & SYMPTOMS W CC	626.45	658.41	738.52	828.5	32.260
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	505.42	546.68	617.32	678.4	34.221
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	761.97	832.59	879.12	866.8	13.752
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	576.97	577.97	609.33	675.2	17.024
103	HEART TRANSPLANT	2064.89	4080.69	6309.06	13389.3	548.428
104	CARDIAC VALVE PROCEDURE W PUMP & W CARDIAC CATH	6300.30	6795.58	7855.73	8679.1	37.757
105	CARDIAC VALVE PROCEDURE W PUMP & W/O CARDIAC CATH	5561.75	6194.36	6625.61	7335.3	31.889
106	CORONARY BYPASS W CARDIAC CATH	5992.25	6462.97	7353.85	7782.9	29.883
107	CORONARY BYPASS W/O CARDIAC CATH	5294.66	5884.23	6444.70	6572.1	24.128
108	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, W PUMP	5284.66	5605.86	6079.21	7409.6	40.209
109	OTHER CARDIOTHORACIC PROCEDURES W/O PUMP	3203.44	3327.53	3850.79	4162.6	29.942
110	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W CC	3907.14	4046.50	4511.15	4882.3	24.959
111	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W/O CC	3193.16	3271.53	3532.17	3782.1	18.444
112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUM	2138.74	2140.26	2340.02	2590.3	21.115
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB	1911.83	2022.14	2362.34	2419.6	26.560
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	1183.16	1239.64	1488.58	1563.1	32.116
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR	2645.38	2643.14	2877.59	2917.9	10.301
116	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE O	1874.92	2207.72	2234.30	2295.4	22.424
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1904.72	1965.83	2144.11	1553.7	-18.430
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	1158.34	1154.20	1433.44	1723.1	48.759
119	VEIN LIGATION & STRIPPING	1087.68	1170.89	1249.19	1349.7	24.088
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	1643.57	1852.64	2109.62	2406.3	46.409
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE	1040.62	1173.09	1414.95	1576.1	51.460
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE	1054.41	1222.08	1438.11	1699.0	61.129
123	CIRCULATORY DISORDERS W AMI, EXPIRED	828.13	880.56	1073.45	1136.8	37.274

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
124	CIRCULATORY DISORDERS EXCEPT AMI; W CARD CATH & COMPLEX	1420.82	1509.15	1558.72	1731.87	21.8924
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPL	1144.24	1215.31	1228.41	1332.24	16.4301
126	ACUTE & SUBACUTE ENDOCARDITIS	1395.44	1535.75	1787.46	1984.69	42.2274
127	HEART FAILURE & SHOCK	597.60	645.41	753.12	823.69	37.8324
128	DEEP VEIN THROMBOPHLEBITIS	525.10	561.91	634.64	689.40	31.2894
129	CARDIAC ARREST, UNEXPLAINED	653.05	728.13	788.59	848.66	29.9535
130	PERIPHERAL VASCULAR DISORDERS W CC	776.10	758.05	844.51	916.75	18.1229
131	PERIPHERAL VASCULAR DISORDERS W/O CC	674.69	667.74	673.54	766.06	13.5428
132	ATHEROSCLEROSIS W CC	682.95	766.71	718.70	810.17	18.6271
133	ATHEROSCLEROSIS W/O CC	736.28	1126.15	631.09	723.29	-1.7645
134	HYPERTENSION	494.93	520.68	610.50	660.21	33.3942
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	910.70	818.07	942.59	1090.10	19.6991
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	759.09	1049.33	745.41	806.07	6.1889
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	608.75	650.31	758.24	832.16	36.7008
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	527.79	564.73	601.43	668.13	26.5897
140	ANGINA PECTORIS	506.36	542.58	609.88	698.01	37.8478
141	SYNCOPE & COLLAPSE W CC	565.52	622.36	736.88	811.53	43.5002
142	SYNCOPE & COLLAPSE W/O CC	499.03	527.23	610.08	665.79	33.4176
143	CHEST PAIN	442.95	479.53	553.99	608.79	37.4394
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	718.92	773.18	895.35	940.85	30.8711
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	618.36	630.74	677.20	742.14	20.0181
146	RECTAL RESECTION W CC	2918.33	3140.16	3372.81	3665.17	25.5913
147	RECTAL RESECTION W/O CC	2356.39	2365.95	2570.05	2741.72	16.3527
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2568.70	2753.41	3040.88	3305.48	28.6829
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	2113.24	2127.79	2261.25	2421.76	14.5995
150	PERITONEAL ADHESIOLYSIS W CC	1866.51	1918.61	2200.03	2368.51	26.8948
151	PERITONEAL ADHESIOLYSIS W/O CC	1396.53	1427.38	1556.15	1693.19	21.2432
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1396.60	1459.04	1619.64	1847.66	32.2973
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1151.89	1213.05	1266.52	1443.65	25.3289
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	2447.98	2559.22	2873.86	3085.70	26.0507
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O C	1766.66	1785.33	1901.29	2101.18	18.9350
157	ANAL & STOMAL PROCEDURES W CC	1139.02	1221.05	1390.25	1517.05	33.1889
158	ANAL & STOMAL PROCEDURES W/O CC	845.51	882.29	973.64	1027.67	21.5445
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W C	1295.64	1336.59	1475.32	1598.20	23.3521
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O	1009.19	1030.82	1116.48	1238.76	22.7475
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1080.56	1114.72	1229.09	1282.01	18.6435
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	842.58	877.62	951.82	1029.36	22.1672
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1502.34	1639.04	1784.37	1906.80	26.9218
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1055.06	1146.40	1202.58	1320.16	25.1258
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1227.60	1484.33	1417.14	1568.80	27.7947
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	912.92	970.46	1086.19	1165.51	27.6683
168	MOUTH PROCEDURES W CC	985.37	1205.36	1286.07	1469.58	49.1405
169	MOUTH PROCEDURES W/O CC	735.31	850.96	935.70	1158.18	57.5094
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1970.37	2064.45	2342.34	2523.47	28.0708
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1374.40	1440.38	1601.45	1682.78	22.4378
172	DIGESTIVE MALIGNANCY W CC	996.83	942.52	1116.87	1235.38	23.9316
173	DIGESTIVE MALIGNANCY W/O CC	1126.95	1027.17	995.90	1212.90	7.6264
174	G.I. HEMORRHAGE W CC	720.44	775.86	894.71	985.57	36.8026
175	G.I. HEMORRHAGE W/O CC	634.43	658.02	759.36	820.38	29.3098
176	COMPLICATED PEPTIC ULCER	823.63	895.70	988.87	1107.15	34.4239
177	UNCOMPLICATED PEPTIC ULCER W CC	644.32	713.56	827.03	906.32	40.6630
178	UNCOMPLICATED PEPTIC ULCER W/O CC	556.96	591.35	718.92	769.00	38.0691
179	INFLAMMATORY BOWEL DISEASE	740.92	792.91	939.70	1126.73	52.0722
180	G.I. OBSTRUCTION W CC	613.80	642.78	760.95	842.10	37.1939

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
181	G.I. OBSTRUCTION W/O CC	490.87	487.07	558.39	601.73	22.5842
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	570.85	638.54	749.89	832.92	45.9100
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	492.58	536.07	620.62	683.78	38.8170
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AG	543.68	550.45	687.35	710.81	30.7419
187	DENTAL EXTRACTIONS & RESTORATIONS	281.93	282.12	326.15	379.33	34.5478
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	827.27	863.68	972.33	1096.02	32.4861
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	705.30	766.36	736.37	832.09	17.9776
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2793.76	2927.27	3630.69	4071.82	45.7466
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	1819.40	2065.24	2654.39	2810.13	54.4537
193	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	2401.08	2542.39	2938.84	3275.31	36.4099
194	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	1899.62	2039.57	2238.87	2715.87	42.9693
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	2099.97	2168.54	2507.57	2630.24	25.2512
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	1713.26	1765.58	1911.07	2100.61	22.6087
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	1831.48	1909.97	2058.66	2186.37	19.3775
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1470.85	1471.16	1590.89	1652.58	12.3551
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	2004.29	2126.41	2431.49	2538.01	26.6290
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	1811.70	1860.53	2104.98	2447.95	35.1189
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	1694.01	1780.17	1918.98	2178.75	28.6147
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	754.63	773.91	895.12	1014.94	34.4957
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	771.68	805.14	968.38	1099.74	42.5130
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	679.72	734.79	843.51	936.16	37.7274
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	706.87	743.11	875.91	919.25	30.0451
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	608.13	650.73	669.28	764.17	25.6580
207	DISORDERS OF THE BILIARY TRACT W CC	740.25	725.64	893.57	1035.69	39.9101
208	DISORDERS OF THE BILIARY TRACT W/O CC	579.30	633.36	722.55	837.42	44.5572
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES	3061.08	3140.49	3315.85	3534.96	15.4809
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2242.18	2319.04	2527.12	2637.09	17.6127
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C	1875.87	1919.19	2108.89	2235.99	19.1975
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DIS	1484.75	1559.61	1805.35	2012.62	35.5530
214	BACK & NECK PROCEDURES W CC	3037.64	3111.19	3222.45	3713.34	22.2444
215	BACK & NECK PROCEDURES W/O CC	2410.18	2475.01	2532.82	2985.61	23.8748
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1706.10	1989.50	2289.41	2676.21	56.8614
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN	1829.18	2041.34	2324.70	2540.12	38.8663
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1708.42	1851.12	1958.08	2123.96	24.3232
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1300.00	1364.46	1499.53	1642.88	26.3749
221	KNEE PROCEDURES W CC	2198.37	2192.87	2571.88	2978.93	35.5061
222	KNEE PROCEDURES W/O CC	1497.27	1686.10	1871.83	2199.78	46.9198
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PRO	1443.89	1413.50	1589.01	1797.57	24.4947
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/	1059.92	1166.22	1266.74	1404.46	32.5065
225	FOOT PROCEDURES	1045.58	1116.37	1240.59	1379.81	31.9665
226	SOFT TISSUE PROCEDURES W CC	1400.86	1616.23	1836.62	2033.58	45.1663
227	SOFT TISSUE PROCEDURES W/O CC	1051.57	1163.27	1290.12	1481.54	40.8882
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W C	1254.84	1410.94	1510.49	1883.31	50.0832
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	983.56	1036.09	1146.40	1409.15	43.2705
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FE	1456.45	1625.30	2069.68	2192.80	50.5575
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP	1259.82	1437.82	1608.07	1916.21	52.1022
232	ARTHROSCOPY	1203.45	1494.29	1715.18	2162.10	79.6584
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2675.84	2877.50	3188.35	3302.29	23.4116
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	2256.02	2471.93	2631.40	2881.11	27.7072
235	FRACTURES OF FEMUR	970.55	1047.01	1220.26	1308.05	34.7746
236	FRACTURES OF HIP & PELVIS	1499.98	1620.49	1766.94	1898.94	26.5972
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	508.32	608.76	734.16	708.85	39.4495
238	OSTEOMYELITIS	924.79	1016.72	1094.41	1207.65	30.5865
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MA	843.53	908.48	1056.03	1156.89	37.1485

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
240	CONNECTIVE TISSUE DISORDERS W CC	991.09	1124.97	1397.68	1401.24	41.3837
241	CONNECTIVE TISSUE DISORDERS W/O CC	1071.49	1179.65	1331.90	1499.85	39.9789
242	SEPTIC ARTHRITIS	739.20	874.28	926.32	1050.40	42.0998
243	MEDICAL BACK PROBLEMS	750.32	803.67	789.27	863.08	15.0276
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	1825.57	2189.24	2571.64	2758.00	51.0766
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	2035.35	2345.61	2642.85	2832.59	39.1696
246	NON-SPECIFIC ARTHROPATHIES	846.93	976.58	1167.30	1394.34	64.6345
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSU	556.19	607.79	689.78	777.13	39.7249
248	TENDONITIS, MYOSITIS & BURSITIS	579.61	635.34	658.45	777.96	34.2208
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1350.08	1434.92	1548.54	1931.84	43.0907
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W	746.22	813.60	916.13	976.84	30.9047
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/	593.77	682.03	755.07	780.11	31.3841
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	747.97	823.99	914.16	993.72	32.8555
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	580.14	644.38	680.59	741.54	27.8196
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNO	733.22	767.38	847.14	903.79	23.2619
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1756.52	1814.93	1957.15	2103.86	19.7746
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1567.58	1612.21	1733.95	1859.61	18.6293
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1533.60	1719.40	1898.18	2133.21	39.0984
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1276.08	1500.71	1760.92	1904.91	49.2775
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EX	1023.63	1198.20	1388.32	1758.03	71.7447
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	634.34	673.15	764.81	915.21	44.2774
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1387.31	1598.66	1744.09	1938.63	39.7408
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O	1009.96	1113.48	1176.77	1274.59	26.2012
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	1254.30	1556.57	1703.37	1800.12	43.5154
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	941.64	980.49	1173.62	1327.55	40.9836
267	PERIANAL & PILONIDAL PROCEDURES	813.27	701.90	796.06	1080.90	32.9076
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	904.73	1026.86	1248.63	1474.91	63.0228
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1378.76	1420.79	1699.26	1823.08	32.2263
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	800.29	991.32	1100.72	1156.48	44.5065
271	SKIN ULCERS	677.35	655.00	745.57	850.47	25.5575
272	MAJOR SKIN DISORDERS W CC	602.09	685.44	717.31	768.68	27.6685
273	MAJOR SKIN DISORDERS W/O CC	461.64	491.55	519.24	625.89	35.5787
274	MALIGNANT BREAST DISORDERS W CC	835.39	882.04	934.08	1040.08	24.5012
275	MALIGNANT BREAST DISORDERS W/O CC	1037.74	1184.68	1002.45	973.78	-6.1637
276	NON-MALIGANT BREAST DISORDERS	496.75	617.11	558.13	680.92	37.0736
277	CELLULITIS AGE >17 W CC	550.49	591.53	682.40	725.54	31.7990
278	CELLULITIS AGE >17 W/O CC	428.09	445.76	492.74	526.60	23.0090
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	500.71	554.71	668.53	710.04	41.8055
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	394.68	422.09	482.93	545.67	38.2574
283	MINOR SKIN DISORDERS W CC	589.42	624.64	707.00	732.59	24.2895
284	MINOR SKIN DISORDERS W/O CC	515.01	496.70	594.11	575.56	11.7571
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	2115.74	2100.19	2598.66	2445.06	15.5653
286	ADRENAL & PITUITARY PROCEDURES	3587.40	3550.58	3765.52	4449.27	24.0249
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI	1302.31	1332.59	1610.38	1759.02	35.0693
288	O.R. PROCEDURES FOR OBESITY	1974.29	1921.43	2149.47	1960.88	-0.6794
289	PARATHYROID PROCEDURES	1911.79	2001.47	2145.08	2209.83	15.5895
290	THYROID PROCEDURES	1431.62	1542.86	1714.58	1851.78	29.3485
291	THYROGLOSSAL PROCEDURES	944.16	1074.11	1169.37	1227.27	29.9851
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	2150.97	2514.05	2841.74	2920.03	35.7538
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1824.31	1779.29	1897.88	2018.03	10.6191
294	DIABETES AGE >35	483.26	539.51	622.57	694.58	43.7277
295	DIABETES AGE 0-35	.	.	250.63	321.87	.
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	543.58	608.00	715.33	791.74	45.6523
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	451.31	468.35	541.16	591.98	31.1680

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
299	INBORN ERRORS OF METABOLISM	795.18	617.79	713.02	767.84	-3.437
300	ENDOCRINE DISORDERS W CC	779.05	806.61	886.62	1037.57	33.184
301	ENDOCRINE DISORDERS W/O CC	719.56	713.34	790.89	806.28	12.051
302	KIDNEY TRANSPLANT	4078.42	3977.44	3714.02	4814.30	18.043
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	2927.23	3200.22	3455.11	3727.15	27.327
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	2105.73	2200.66	2727.16	2848.04	35.252
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1590.53	1604.52	1871.86	2102.93	32.216
306	PROSTATECTOMY W CC	1833.45	1918.01	2113.25	2245.66	22.483
307	PROSTATECTOMY W/O CC	1517.29	1599.48	1702.90	1790.40	18.000
308	MINOR BLADDER PROCEDURES W CC	1395.61	1486.80	1806.33	1901.49	36.248
309	MINOR BLADDER PROCEDURES W/O CC	1158.09	1209.71	1278.35	1449.66	25.177
310	TRANSURETHRAL PROCEDURES W CC	1180.72	1236.91	1457.96	1558.40	31.987
311	TRANSURETHRAL PROCEDURES W/O CC	947.93	1006.81	1118.37	1232.49	30.020
312	URETHRAL PROCEDURES, AGE >17 W CC	861.53	902.39	1057.91	1132.18	31.414
313	URETHRAL PROCEDURES, AGE >17 W/O CC	678.92	762.41	873.38	866.25	27.592
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	2096.95	2323.76	2567.76	2672.25	27.435
316	RENAL FAILURE	839.26	846.71	953.54	1043.19	24.299
317	ADMIT FOR RENAL DIALYSIS	549.48	558.42	872.28	788.85	43.564
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	878.36	924.96	975.93	1156.30	31.642
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	938.53	930.99	951.04	1028.58	9.594
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	530.55	573.22	689.98	736.98	38.908
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	437.09	469.94	529.45	592.45	35.545
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	650.90	733.43	870.98	979.95	50.554
324	URINARY STONES W/O CC	494.53	585.58	787.83	918.12	85.654
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	573.75	583.60	694.08	779.17	35.804
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	525.36	547.08	618.08	657.46	25.144
328	URETHRAL STRICTURE AGE >17 W CC	621.01	614.74	694.61	779.26	25.482
329	URETHRAL STRICTURE AGE >17 W/O CC	605.11	652.69	663.11	714.72	18.115
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	708.95	739.95	847.42	969.17	36.705
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	653.57	660.42	756.23	811.71	24.196
334	MAJOR MALE PELVIC PROCEDURES W CC	2316.06	2496.65	2758.11	3005.50	29.768
335	MAJOR MALE PELVIC PROCEDURES W/O CC	2089.75	2236.34	2467.27	2772.31	32.662
336	TRANSURETHRAL PROSTATECTOMY W CC	1716.98	1749.37	1857.96	1904.85	10.942
337	TRANSURETHRAL PROSTATECTOMY W/O CC	1464.44	1497.82	1582.69	1620.62	10.664
338	TESTES PROCEDURES, FOR MALIGNANCY	1130.16	1172.94	1322.41	1381.05	22.200
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	786.35	869.99	980.30	1008.59	28.262
341	PENIS PROCEDURES	1540.18	1603.30	1774.70	1954.99	26.933
342	CIRCUMCISION AGE >17	575.69	541.46	761.11	817.20	41.951
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALI	1712.53	1841.73	2115.45	2322.77	35.634
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MAL	1107.29	1179.23	1188.11	1240.61	12.041
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	873.32	834.33	942.02	1015.05	16.229
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	1035.40	969.46	889.01	958.27	-7.449
348	BENIGN PROSTATIC HYPERTROPHY W CC	994.89	879.44	898.76	888.34	-10.710
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	1165.16	890.58	730.44	815.88	-29.977
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	480.62	508.06	550.70	622.48	29.516
351	STERILIZATION, MALE	.	.	.	437.56	.
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	666.08	639.61	643.13	723.14	8.567
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VUL	2821.54	2818.03	3093.88	3441.08	21.958
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	2010.20	2185.43	2412.96	2484.34	23.587
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O C	1647.79	1773.02	1857.64	2029.17	23.145
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1044.27	1120.50	1234.58	1362.60	30.484
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2182.39	2436.12	2540.20	3168.59	45.189
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	1713.06	1737.94	1899.55	2021.34	17.996
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1425.21	1499.54	1603.78	1741.52	22.194

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
360	VAGINA, CERVIX & VULVA PROCEDURES	895.37	976.66	1140.81	1290.81	44.165
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	955.17	955.92	1172.66	1204.23	26.075
362	ENDOSCOPIC TUBAL INTERRUPTION	271.81	428.61	778.01	1086.30	299.656
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	1024.12	1158.75	1372.29	1454.39	42.013
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	610.09	686.44	771.67	865.51	41.866
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1703.88	1745.54	2011.23	2161.01	26.829
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	836.83	775.58	916.05	1113.86	33.105
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	945.78	791.15	700.40	843.58	-10.806
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	443.96	614.71	712.96	725.08	63.320
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	895.91	677.45	667.56	802.34	-10.445
370	CESAREAN SECTION W CC	894.67	1342.01	1283.06	1309.38	46.353
371	CESAREAN SECTION W/O CC	978.45	779.71	1024.08	1150.06	17.538
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	530.18	641.97	640.10	619.54	16.855
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	506.68	510.26	585.08	623.51	23.058
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	730.00	644.08	662.82	724.35	-0.774
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	.	.	.	594.10	.
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	274.60	307.16	393.13	221.26	-19.426
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	576.38	41.50	2377.67	687.43	19.267
378	ECTOPIC PREGNANCY	793.00	1212.99	832.17	947.85	19.527
379	THREATENED ABORTION	351.79	355.05	265.05	314.67	-10.551
380	ABORTION W/O D&C	461.40	270.32	251.94	184.91	-59.925
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	431.43	474.76	774.19	683.16	58.349
382	FALSE LABOR	521.94	458.00	708.74	874.29	67.508
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	426.85	407.79	434.48	499.73	17.074
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	385.25	530.29	294.77	638.53	65.743
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FAC	961.97	125.00	.	.	.
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NE	383.70	493.80	.	.	.
389	FULL TERM NEONATE W MAJOR PROBLEMS	1538.26	1265.90	822.33	1052.13	-31.603
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	809.86	164.30	1169.22	506.37	-37.474
391	NORMAL NEWBORN	.	.	.	559.53	.
392	SPLENECTOMY AGE >17	2295.86	2440.19	2708.18	2935.73	27.871
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING OR	1103.24	1358.52	1646.19	1664.35	50.861
395	RED BLOOD CELL DISORDERS AGE >17	542.42	580.78	693.75	768.72	41.721
397	COAGULATION DISORDERS	649.35	675.30	798.51	863.52	32.981
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	699.92	717.65	855.08	879.08	25.597
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	584.50	568.66	666.84	724.13	23.889
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	2498.68	2745.50	3121.76	3337.73	33.580
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	1835.19	2037.10	2249.36	2608.49	42.138
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1438.26	1634.34	1863.72	1871.43	30.117
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	921.62	989.32	1202.72	1277.24	38.586
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	767.68	817.62	966.93	979.73	27.623
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	2295.09	2394.86	2740.85	3306.34	44.062
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	1701.61	1905.50	2156.08	2296.87	34.982
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PRO	1178.19	1202.32	1441.71	1552.03	31.731
409	RADIOTHERAPY	968.04	1036.66	1186.00	1329.85	37.375
410	CHEMOTHERAPY	348.94	394.07	457.90	515.05	47.604
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	496.64	620.19	569.86	685.48	38.022
412	HISTORY OF MALIGNANCY W ENDOSCOPY	543.58	627.78	826.94	958.00	76.238
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	727.65	834.51	966.47	1119.04	53.788
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	716.60	766.64	871.73	990.97	38.289
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	1911.91	2077.73	2315.81	2580.43	34.966
416	SEPTICEMIA AGE >17	684.67	740.49	855.84	947.69	38.415
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	519.14	561.00	597.17	702.60	35.339
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	596.02	690.61	766.42	894.32	50.048

MEAN ALLOW BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	501.35	523.62	586.02	659.32	31.509
421	VIRAL ILLNESS AGE >17	459.64	472.18	583.39	583.93	27.041
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	735.96	833.51	974.08	1065.33	44.755
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1910.07	2208.56	2443.16	2626.83	37.526
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFU	518.95	582.20	708.50	786.74	51.601
426	DEPRESSIVE NEUROSES	678.84	753.01	849.64	886.23	30.550
427	NEUROSES EXCEPT DEPRESSIVE	577.40	679.00	769.05	868.87	50.478
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	624.14	638.36	794.37	813.51	30.342
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	629.38	756.26	873.47	972.83	54.571
430	PSYCHOSES	727.25	833.28	958.34	1019.05	40.123
431	CHILDHOOD MENTAL DISORDERS	683.04	681.33	812.90	643.51	-5.787
432	OTHER MENTAL DISORDER DIAGNOSES	489.60	607.62	712.55	999.58	104.162
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	299.53	298.08	347.29	405.42	35.352
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC	524.62	622.03	718.07	775.36	47.795
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O	429.57	479.93	560.54	625.73	45.664
439	SKIN GRAFTS FOR INJURIES	1151.83	1398.28	1441.10	1422.19	23.472
440	WOUND DEBRIDEMENTS FOR INJURIES	1020.05	1015.98	1282.99	1532.14	50.201
441	HAND PROCEDURES FOR INJURIES	826.12	1088.06	1105.67	1206.28	46.018
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	1711.76	1742.02	1882.27	2033.16	18.776
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	1225.03	1221.00	1291.15	1575.86	28.638
444	MULTIPLE TRAUMA AGE >17 W CC	494.13	672.92	654.50	724.81	46.685
445	MULTIPLE TRAUMA AGE >17 W/O CC	500.21	484.33	516.15	578.46	15.643
447	ALLERGIC REACTIONS AGE >17	376.59	414.92	480.19	507.30	34.706
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	506.61	551.34	642.38	723.16	42.746
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	402.04	436.28	489.05	563.93	40.267
452	COMPLICATIONS OF TREATMENT W CC	594.49	627.61	723.20	873.04	46.856
453	COMPLICATIONS OF TREATMENT W/O CC	510.20	539.34	552.58	665.94	30.524
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	497.20	507.87	621.02	759.45	52.745
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	341.77	359.05	415.36	570.32	66.871
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	855.11	1371.97	970.71	2205.99	157.978
457	EXTENSIVE BURNS W/O O.R. PROCEDURE	822.28	665.18	973.93	620.53	-24.536
458	NON-EXTENSIVE BURNS W SKIN GRAFT	1786.32	1815.45	2241.88	2422.96	35.640
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. P	841.45	1147.94	1025.64	1136.38	35.050
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	533.70	617.30	603.58	617.54	15.710
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICE	1360.46	1387.47	1762.21	2060.38	51.447
462	REHABILITATION	1558.63	1745.51	1993.94	2171.14	39.298
463	SIGNS & SYMPTOMS W CC	599.91	614.66	781.02	867.02	44.525
464	SIGNS & SYMPTOMS W/O CC	506.97	521.73	632.64	677.16	33.570
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSI	521.56	618.81	606.88	731.67	40.287
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNO	590.41	669.90	723.45	897.48	52.009
467	OTHER FACTORS INFLUENCING HEALTH STATUS	582.09	550.29	589.16	641.34	10.178
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2255.29	2438.12	2787.10	3081.36	36.628
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	778.30	280.31	1996.09	.	.
470	UNGROUPABLE	1122.97	1301.16	1481.77	1716.21	52.828
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	6206.30	5276.46	5600.90	6844.54	10.284
472	EXTENSIVE BURNS W O.R. PROCEDURE	4479.26	5457.61	5796.36	5964.42	33.156
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	940.80	1159.28	1236.56	1477.68	57.066
474	RESPIRATORY SYSTEM DIAGNOSIS WITH TRACHEOSTOMY	3387.05	3785.45	4708.03	5169.24	52.618
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	1134.42	1242.23	1472.61	1654.04	45.805
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2374.52	2591.26	2856.79	3002.33	26.439
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	1436.81	1537.43	1773.12	1889.68	31.519

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	3145.09	3224.46	3275.20	3578.64	13.785
2	CRANIOTOMY FOR TRAUMA AGE >17	2669.65	2764.92	2855.57	3140.48	17.636
4	SPINAL PROCEDURES	2467.57	2625.48	2802.07	2903.83	17.680
5	EXTRACRANIAL VASCULAR PROCEDURES	2807.47	2790.76	2820.86	2873.53	2.353
6	CARPAL TUNNEL RELEASE	811.73	851.91	864.30	1051.21	29.503
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	1279.75	1371.89	1498.74	1638.19	28.008
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1051.81	1071.69	1108.95	1322.87	25.770
9	SPINAL DISORDERS & INJURIES	602.41	800.65	846.95	1015.38	68.555
10	NERVOUS SYSTEM NEOPLASMS W CC	634.37	708.41	762.29	829.02	30.684
11	NERVOUS SYSTEM NEOPLASMS W/O CC	607.81	702.69	778.10	870.37	43.198
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	458.64	526.31	623.18	628.05	36.938
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	372.12	445.58	435.22	491.46	32.068
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	517.53	560.23	623.36	662.97	28.104
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	469.24	496.35	529.35	556.55	18.607
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	500.16	550.50	595.56	640.41	28.041
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	469.58	494.39	559.41	606.78	29.216
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	550.53	562.83	635.93	646.48	17.427
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	482.35	489.52	525.46	556.10	15.289
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	597.56	635.10	729.46	790.93	32.360
21	VIRAL MENINGITIS	575.52	642.99	573.81	732.91	27.346
22	HYPERTENSIVE ENCEPHALOPATHY	303.79	329.43	356.45	397.61	30.882
23	NONTRAUMATIC STUPOR & COMA	398.94	420.99	492.99	476.49	19.439
24	SEIZURE & HEADACHE AGE >17 W CC	441.14	465.81	513.73	535.18	21.318
25	SEIZURE & HEADACHE AGE >17 W/O CC	369.19	387.23	398.78	421.22	14.096
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	647.27	674.78	724.48	722.00	11.545
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	597.61	618.42	695.53	755.52	26.424
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	479.97	504.36	505.11	557.42	16.136
31	CONCUSSION AGE >17 W CC	379.49	420.02	456.35	499.42	31.602
32	CONCUSSION AGE >17 W/O CC	331.88	343.70	354.77	386.03	16.315
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	580.97	577.37	650.47	664.27	14.340
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	459.22	453.46	480.47	518.77	12.969
36	RETINAL PROCEDURES	2333.99	2416.66	2419.57	2671.65	14.467
37	ORBITAL PROCEDURES	1314.21	1232.94	1264.78	1452.07	10.490
38	PRIMARY IRIS PROCEDURES	856.58	849.86	825.70	978.24	14.204
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1874.29	1888.30	1890.73	1987.12	6.020
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	998.63	1093.17	1124.48	1172.11	17.372
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	2264.09	2381.86	2445.37	2742.56	21.133
43	HYPHEMA	316.43	245.02	458.39	238.90	-24.503
44	ACUTE MAJOR EYE INFECTIONS	299.33	373.15	329.94	325.32	8.683
45	NEUROLOGICAL EYE DISORDERS	543.92	638.01	610.09	661.37	21.593
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	744.71	467.58	486.98	460.01	-38.230
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	1012.44	755.53	389.26	393.85	-61.099
49	MAJOR HEAD & NECK PROCEDURES	2540.20	2689.65	2737.88	3115.11	22.633
50	SIALOADENECTOMY	1296.86	1318.57	1345.38	1438.30	10.907
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	986.49	1069.37	1111.27	1194.89	21.126
52	CLEFT LIP & PALATE REPAIR	890.86	942.29	1178.89	1578.35	77.171
53	SINUS & MASTOID PROCEDURES AGE >17	1332.83	1349.23	1336.62	1510.97	13.365
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1101.84	1093.48	1157.46	1238.49	12.402
56	RHINOPLASTY	981.91	966.61	970.09	1030.88	4.987
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,	897.06	805.37	886.89	1067.42	18.991
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	548.07	554.01	492.12	474.59	-13.407
61	MYRINGOTOMY W TUBE INSERTION AGE >17	1072.70	1038.49	1119.88	1219.97	13.729
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1130.53	1089.42	1173.39	1399.52	23.794
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	711.29	711.31	788.39	779.22	9.550

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
65	DYSEQUILIBRIUM	327.95	358.17	382.75	407.8	24.361
66	EPISTAXIS	287.69	293.59	329.51	361.5	25.642
67	EPIGLOTTITIS	380.36	646.73	642.36	463.7	21.908
68	OTITIS MEDIA & URI AGE >17 W CC	247.57	267.27	308.58	320.0	29.255
69	OTITIS MEDIA & URI AGE >17 W/O CC	240.19	245.65	275.95	264.4	10.069
71	LARYNGOTRACHEITIS	360.96	325.80	486.20	428.7	18.766
72	NASAL TRAUMA & DEFORMITY	501.74	427.74	535.12	515.2	2.689
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	496.18	497.06	477.12	507.3	2.234
75	MAJOR CHEST PROCEDURES	2758.44	2776.82	2925.44	3059.9	10.928
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1539.23	1539.35	1546.76	1502.5	-2.386
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1286.30	1212.86	1226.21	1124.5	-12.579
78	PULMONARY EMBOLISM	475.96	511.63	554.29	592.5	24.491
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	469.44	496.73	527.71	535.3	14.029
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	405.43	401.30	399.86	405.2	-0.052
82	RESPIRATORY NEOPLASMS	705.14	713.30	765.51	774.2	9.788
83	MAJOR CHEST TRAUMA W CC	407.34	432.12	470.65	504.9	23.951
84	MAJOR CHEST TRAUMA W/O CC	275.28	324.03	281.37	327.0	18.773
85	PLEURAL EFFUSION W CC	522.55	575.32	653.11	632.2	20.990
86	PLEURAL EFFUSION W/O CC	544.86	526.01	548.86	535.0	-1.813
87	PULMONARY EDEMA & RESPIRATORY FAILURE	380.40	402.38	469.68	485.0	27.484
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	328.34	355.74	386.66	403.3	22.824
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	336.31	359.75	401.08	410.8	22.155
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	276.60	277.24	292.19	302.2	9.253
92	INTERSTITIAL LUNG DISEASE W CC	536.94	590.92	652.68	578.4	7.717
93	INTERSTITIAL LUNG DISEASE W/O CC	502.84	527.36	527.06	535.8	6.553
94	PNEUMOTHORAX W CC	576.99	584.89	651.52	644.7	11.735
95	PNEUMOTHORAX W/O CC	438.92	458.72	428.23	481.0	9.590
96	BRONCHITIS & ASTHMA AGE >17 W CC	278.36	299.53	331.30	349.9	25.684
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	223.69	233.96	254.15	268.4	19.991
99	RESPIRATORY SIGNS & SYMPTOMS W CC	364.88	399.88	441.74	457.2	25.289
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	380.45	401.37	432.06	436.6	14.766
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	436.35	477.90	488.04	484.2	10.966
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	361.83	344.32	361.16	385.0	6.418
103	HEART TRANSPLANT	1333.77	2215.46	5632.56	11180.2	738.243
104	CARDIAC VALVE PROCEDURE W PUMP & W CARDIAC CATH	6753.40	6828.92	6993.10	7837.2	16.048
105	CARDIAC VALVE PROCEDURE W PUMP & W/O CARDIAC CATH	5527.61	5650.18	5693.86	6441.0	16.524
106	CORONARY BYPASS W CARDIAC CATH	6482.38	6543.61	6735.86	7276.1	12.244
107	CORONARY BYPASS W/O CARDIAC CATH	5331.74	5604.50	5655.83	6059.2	13.644
108	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, W PUMP	5406.63	5405.87	5312.83	6672.0	23.404
109	OTHER CARDIOTHORACIC PROCEDURES W/O PUMP	2777.24	2839.79	3135.82	3283.0	18.209
110	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W CC	3672.50	3716.54	3874.39	4210.6	14.653
111	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W/O CC	3138.63	3159.91	3180.79	3430.9	9.311
112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUM	1894.64	1903.36	2024.31	2038.2	7.580
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB	1644.99	1643.23	1756.38	1787.6	8.669
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	870.15	891.64	963.46	996.5	14.519
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR	2034.69	1866.19	2119.81	2237.4	9.962
116	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE O	1666.67	1808.69	1819.17	1897.4	13.846
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1709.30	1766.91	1765.75	1230.8	-27.993
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	1103.76	1093.46	1222.08	1399.3	26.777
119	VEIN LIGATION & STRIPPING	970.40	1000.91	1001.53	1089.1	12.235
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	1218.33	1309.85	1376.68	1496.1	22.797
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE	695.16	809.89	948.28	1033.9	48.732
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE	776.65	938.71	1065.84	1228.4	58.166
123	CIRCULATORY DISORDERS W AMI, EXPIRED	739.38	769.16	887.69	927.7	25.467

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX	1216.33	1307.41	1261.16	1295.55	6.513
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPL	1007.53	1072.41	983.72	1010.25	0.270
126	ACUTE & SUBACUTE ENDOCARDITIS	786.26	893.01	939.28	1020.06	29.735
127	HEART FAILURE & SHOCK	348.38	374.86	414.17	445.55	27.892
128	DEEP VEIN THROMBOPHLEBITIS	281.80	300.98	320.99	342.71	21.614
129	CARDIAC ARREST, UNEXPLAINED	497.53	549.23	568.98	616.92	23.999
130	PERIPHERAL VASCULAR DISORDERS W CC	527.43	485.13	497.45	514.93	-2.369
131	PERIPHERAL VASCULAR DISORDERS W/O CC	472.34	436.54	393.09	430.67	-8.820
132	ATHEROSCLEROSIS W CC	496.84	540.46	446.60	454.33	-8.556
133	ATHEROSCLEROSIS W/O CC	544.17	846.46	396.03	402.28	-26.075
134	HYPERTENSION	330.47	347.03	370.59	393.66	19.122
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	622.17	539.23	559.29	586.54	-5.727
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	540.37	682.60	478.29	438.49	-18.854
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	398.44	421.25	456.66	490.70	23.158
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	359.43	376.57	375.16	401.96	11.833
140	ANGINA PECTORIS	324.52	346.07	364.15	396.08	22.053
141	SYNCOPE & COLLAPSE W CC	397.74	429.95	472.46	508.77	27.915
142	SYNCOPE & COLLAPSE W/O CC	370.19	385.75	413.27	437.06	18.064
143	CHEST PAIN	303.74	321.76	352.63	366.34	20.612
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	437.36	469.95	505.65	526.68	20.423
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	404.89	417.30	421.88	444.56	9.795
146	RECTAL RESECTION W CC	2664.91	2696.23	2754.19	2968.39	11.388
147	RECTAL RESECTION W/O CC	2254.17	2166.63	2267.52	2327.31	3.245
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2336.43	2428.41	2522.44	2738.03	17.189
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1997.76	1964.81	1986.04	2122.71	6.255
150	PERITONEAL ADHESIOLYSIS W CC	1607.98	1610.05	1758.65	1912.37	18.930
151	PERITONEAL ADHESIOLYSIS W/O CC	1318.69	1274.16	1331.41	1441.70	9.328
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1116.25	1144.04	1181.00	1433.57	28.427
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1012.27	1042.40	1011.47	1201.45	18.688
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	2176.76	2177.37	2285.37	2477.74	13.827
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O C	1606.38	1606.52	1588.31	1785.33	11.140
157	ANAL & STOMAL PROCEDURES W CC	1007.19	1040.07	1087.39	1146.65	13.847
158	ANAL & STOMAL PROCEDURES W/O CC	794.81	794.35	812.52	832.94	4.798
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W C	1154.83	1154.25	1175.72	1262.06	9.285
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O	968.95	946.28	958.13	1037.95	7.120
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1006.56	1010.88	1022.73	1058.52	5.163
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	835.96	841.81	838.94	888.02	6.227
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1377.32	1406.12	1424.68	1516.34	10.094
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1012.61	1049.65	1048.17	1137.20	12.304
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1128.38	1281.26	1179.45	1244.97	10.333
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	926.80	905.96	961.31	986.49	6.440
168	MOUTH PROCEDURES W CC	760.84	836.05	876.77	1018.83	33.908
169	MOUTH PROCEDURES W/O CC	624.73	662.07	706.08	831.77	33.140
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1569.64	1640.02	1718.16	1796.74	14.469
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1162.17	1179.84	1260.50	1278.15	9.979
172	DIGESTIVE MALIGNANCY W CC	689.64	603.65	675.21	735.96	6.717
173	DIGESTIVE MALIGNANCY W/O CC	800.67	671.61	577.73	637.30	-20.404
174	G.I. HEMORRHAGE W CC	532.54	568.21	615.77	664.52	24.782
175	G.I. HEMORRHAGE W/O CC	499.77	502.71	549.44	587.00	17.453
176	COMPLICATED PEPTIC ULCER	623.53	671.52	677.89	735.52	17.960
177	UNCOMPLICATED PEPTIC ULCER W CC	491.42	532.22	566.28	611.52	24.441
178	UNCOMPLICATED PEPTIC ULCER W/O CC	460.48	466.10	514.05	544.18	18.177
179	INFLAMMATORY BOWEL DISEASE	518.25	536.20	599.11	683.73	31.930
180	G.I. OBSTRUCTION W CC	387.57	399.66	443.68	483.55	24.764

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
181	G.I. OBSTRUCTION W/O CC	324.84	312.39	330.02	358.57	10.3837
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	395.16	427.41	470.58	514.85	30.2885
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	369.20	384.17	410.37	448.35	21.4375
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AG	371.21	355.23	418.17	403.11	8.5941
187	DENTAL EXTRACTIONS & RESTORATIONS	169.40	177.45	194.20	207.07	22.2409
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	560.01	549.73	581.44	645.55	15.2744
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	558.87	558.79	494.02	542.44	-2.9382
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2479.93	2468.44	2874.77	3202.24	29.1265
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	1681.18	1806.19	2138.27	2315.82	37.7494
193	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	2109.61	2202.64	2357.06	2633.37	24.8277
194	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	1740.70	1775.18	1883.42	2195.55	26.1303
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	1919.29	1962.54	2077.84	2178.42	13.5017
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	1675.44	1674.73	1704.93	1770.77	5.6895
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	1696.85	1712.71	1730.17	1839.04	8.3797
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1452.80	1411.38	1424.03	1479.65	1.8479
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	1613.83	1710.24	1803.88	1899.52	17.7029
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	1483.63	1531.94	1561.81	1794.17	20.9311
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	1237.19	1263.01	1325.99	1464.85	18.4014
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	496.99	497.06	538.33	599.36	20.5996
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	503.33	514.79	593.68	644.52	28.0518
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	467.03	482.88	509.88	558.73	19.6350
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	453.45	461.43	517.89	522.82	15.2986
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	400.51	429.92	432.46	454.32	13.4349
207	DISORDERS OF THE BILIARY TRACT W CC	525.38	492.81	574.85	635.02	20.8698
208	DISORDERS OF THE BILIARY TRACT W/O CC	424.51	443.74	458.35	518.62	22.1702
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES	3158.12	3135.27	3166.47	3354.59	6.2213
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	1986.44	2016.69	2069.59	2161.40	8.8078
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C	1770.29	1789.98	1837.49	1942.49	9.7269
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DIS	1239.56	1232.78	1310.98	1446.58	16.7012
214	BACK & NECK PROCEDURES W CC	2658.95	2777.27	2732.65	3235.81	21.6953
215	BACK & NECK PROCEDURES W/O CC	2244.99	2361.01	2301.20	2756.74	22.7954
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1266.21	1458.52	1536.54	1728.55	36.5138
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN	1448.40	1593.82	1663.74	1802.10	24.4199
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1496.82	1558.19	1493.67	1626.31	8.6508
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1228.51	1233.76	1236.33	1330.66	8.3151
221	KNEE PROCEDURES W CC	1963.29	1916.52	2130.36	2474.40	26.0333
222	KNEE PROCEDURES W/O CC	1330.68	1544.10	1565.61	1875.32	40.9298
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PRO	1324.81	1286.65	1343.67	1514.02	14.2816
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/	1018.66	1066.02	1045.36	1156.49	13.5297
225	FOOT PROCEDURES	973.54	994.41	1008.31	1125.25	15.5833
226	SOFT TISSUE PROCEDURES W CC	1159.18	1268.10	1350.83	1499.25	29.3376
227	SOFT TISSUE PROCEDURES W/O CC	957.14	1004.00	1055.33	1194.69	24.8191
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W C	1016.47	1099.50	1085.59	1383.45	36.1036
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	861.91	882.07	886.78	1070.50	24.2005
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FE	1394.65	1422.81	1762.29	1912.85	37.1563
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP	1130.02	1258.59	1314.04	1550.37	37.1984
232	ARTHROSCOPY	1044.32	1293.32	1395.52	1693.02	62.1180
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2626.71	2708.85	2810.96	2958.17	12.6189
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	2341.18	2456.57	2505.12	2723.40	16.3258
235	FRACTURES OF FEMUR	692.42	753.69	812.02	841.93	21.5933
236	FRACTURES OF HIP & PELVIS	1334.40	1400.08	1436.20	1551.69	16.2838
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	346.39	410.13	469.39	449.27	29.6990
238	OSTEOMYELITIS	547.05	563.30	562.20	627.64	14.7325
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MA	514.47	538.13	590.58	635.48	23.5200

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
240	CONNECTIVE TISSUE DISORDERS W CC	721.95	794.66	966.02	949.58	31.529
241	CONNECTIVE TISSUE DISORDERS W/O CC	885.68	960.57	1065.51	1217.87	37.506
242	SEPTIC ARTHRITIS	467.59	512.39	517.35	587.76	25.699
243	MEDICAL BACK PROBLEMS	545.12	562.69	472.48	488.56	-10.377
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	1694.52	1994.86	2245.56	2467.55	45.619
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	2019.77	2291.26	2453.65	2660.74	31.734
246	NON-SPECIFIC ARTHROPATHIES	718.87	800.01	909.73	1130.23	57.222
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSU	354.87	415.57	444.59	454.91	28.191
248	TENDONITIS, MYOSITIS & BURSITIS	398.71	402.10	396.73	456.83	14.575
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1185.40	1210.84	1272.12	1526.75	28.796
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W	525.84	586.31	596.69	646.78	23.000
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/	468.80	507.29	512.06	515.45	9.951
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	520.18	553.96	570.37	603.70	16.057
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	443.40	466.52	459.26	473.42	6.771
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNO	519.43	541.36	559.02	573.45	10.400
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1583.82	1601.80	1597.55	1687.52	6.547
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1463.02	1476.66	1478.62	1543.32	5.489
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1165.86	1269.56	1252.51	1404.31	20.453
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	953.17	1055.28	1090.54	1173.82	23.149
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EX	938.61	1081.71	1142.42	1415.63	50.822
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	593.05	594.56	605.84	699.98	18.031
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	986.91	1100.33	1139.01	1236.92	25.332
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O	760.55	872.95	834.59	869.89	14.376
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	1021.83	1223.09	1231.13	1278.67	25.135
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	856.71	853.60	931.05	1033.25	20.606
267	PERIANAL & PILONIDAL PROCEDURES	659.74	574.65	594.01	712.79	8.041
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	856.79	854.43	966.89	1084.08	26.528
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1102.00	1111.03	1204.94	1265.56	14.842
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	700.33	778.86	805.45	809.65	15.610
271	SKIN ULCERS	367.33	359.58	370.00	419.46	14.191
272	MAJOR SKIN DISORDERS W CC	337.97	373.07	372.74	399.20	18.115
273	MAJOR SKIN DISORDERS W/O CC	288.10	284.39	276.46	329.00	14.195
274	MALIGNANT BREAST DISORDERS W CC	527.85	560.27	517.59	586.21	11.056
275	MALIGNANT BREAST DISORDERS W/O CC	769.98	868.76	609.74	560.71	-27.179
276	NON-MALIGANT BREAST DISORDERS	369.76	390.10	338.52	377.92	2.205
277	CELLULITIS AGE >17 W CC	302.60	324.76	349.45	369.82	22.215
278	CELLULITIS AGE >17 W/O CC	251.45	251.40	259.84	279.81	11.277
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	332.48	348.88	393.66	411.28	23.701
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	278.20	293.39	311.80	334.88	20.374
283	MINOR SKIN DISORDERS W CC	371.50	366.94	377.92	395.52	6.465
284	MINOR SKIN DISORDERS W/O CC	367.28	326.55	341.69	317.82	-13.469
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	1647.73	1530.35	1733.99	1723.26	4.584
286	ADRENAL & PITUITARY PROCEDURES	3338.72	3154.02	3200.91	3830.68	14.735
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI	825.59	838.08	941.16	1012.79	22.674
288	O.R. PROCEDURES FOR OBESITY	1817.59	1313.41	1678.35	1620.27	-10.856
289	PARATHYROID PROCEDURES	1885.37	1883.52	1874.00	1992.35	5.674
290	THYROID PROCEDURES	1409.90	1440.52	1478.61	1557.24	10.450
291	THYROGLOSSAL PROCEDURES	934.52	970.54	933.24	1003.87	7.421
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1796.10	1995.06	2103.21	2154.42	19.950
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1464.03	1422.80	1494.79	1384.75	-5.415
294	DIABETES AGE >35	278.24	298.84	326.20	353.13	26.915
295	DIABETES AGE 0-35	.	.	254.71	229.56	.
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	322.83	353.79	395.50	429.59	33.072
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	283.06	289.15	309.95	333.78	17.919

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
299	INBORN ERRORS OF METABOLISM	509.55	392.89	418.59	465.73	-8.599
300	ENDOCRINE DISORDERS W CC	482.03	488.09	518.68	586.94	21.764
301	ENDOCRINE DISORDERS W/O CC	522.35	473.21	465.19	434.85	-16.752
302	KIDNEY TRANSPLANT	4130.83	3698.34	3240.86	3906.11	-5.440
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	2814.07	2961.20	2987.32	3191.07	13.397
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	1851.41	1850.35	2137.37	2190.74	18.329
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1460.35	1398.47	1500.79	1619.22	10.879
306	PROSTATECTOMY W CC	1713.56	1738.24	1769.19	1854.08	8.200
307	PROSTATECTOMY W/O CC	1496.35	1506.23	1507.35	1563.52	4.489
308	MINOR BLADDER PROCEDURES W CC	1215.26	1254.12	1394.56	1438.01	18.329
309	MINOR BLADDER PROCEDURES W/O CC	1080.53	1074.65	1065.25	1177.24	8.950
310	TRANSURETHRAL PROCEDURES W CC	1010.15	1024.71	1096.68	1133.69	12.230
311	TRANSURETHRAL PROCEDURES W/O CC	857.10	869.96	875.03	911.67	6.367
312	URETHRAL PROCEDURES, AGE >17 W CC	706.43	761.58	790.30	843.46	19.397
313	URETHRAL PROCEDURES, AGE >17 W/O CC	624.82	666.16	644.78	661.00	5.791
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	1605.73	1708.74	1746.25	1753.95	9.231
316	RENAL FAILURE	511.11	498.32	535.35	571.73	11.860
317	ADMIT FOR RENAL DIALYSIS	141.86	181.86	265.41	230.71	62.634
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	578.09	583.07	573.44	635.86	9.993
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	719.13	697.60	549.52	511.05	-28.934
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	320.75	338.99	384.86	407.48	27.040
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	281.56	289.39	303.71	331.79	17.838
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	475.76	542.66	588.10	639.47	34.409
324	URINARY STONES W/O CC	378.74	471.20	559.15	630.99	66.601
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	369.92	355.46	393.99	420.76	13.745
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	376.60	349.46	351.55	357.96	-4.950
328	URETHRAL STRICTURE AGE >17 W CC	463.10	449.92	470.27	508.24	9.748
329	URETHRAL STRICTURE AGE >17 W/O CC	499.15	447.39	426.71	452.23	-9.400
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	450.83	455.91	493.67	530.90	17.760
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	458.85	437.33	442.43	441.82	-3.711
334	MAJOR MALE PELVIC PROCEDURES W CC	2267.55	2366.36	2427.78	2617.60	15.437
335	MAJOR MALE PELVIC PROCEDURES W/O CC	2094.14	2185.86	2260.68	2437.95	16.418
336	TRANSURETHRAL PROSTATECTOMY W CC	1632.53	1615.34	1610.47	1646.83	0.876
337	TRANSURETHRAL PROSTATECTOMY W/O CC	1463.39	1445.66	1432.36	1450.01	-0.915
338	TESTES PROCEDURES, FOR MALIGNANCY	974.62	973.23	1018.87	1022.43	4.906
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	745.64	784.97	759.76	798.59	7.102
341	PENIS PROCEDURES	1503.12	1555.09	1566.09	1684.65	12.077
342	CIRCUMCISION AGE >17	487.15	429.79	532.72	583.71	19.822
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALI	1488.47	1600.96	1640.05	1693.35	13.764
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MAL	957.83	1008.46	917.40	907.68	-5.236
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	582.28	525.36	534.87	541.52	-7.000
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	732.88	616.35	453.61	464.90	-36.565
348	BENIGN PROSTATIC HYPERTROPHY W CC	795.52	609.35	520.01	492.03	-38.149
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	997.02	709.73	475.90	486.54	-51.200
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	320.52	295.44	307.74	318.43	-0.652
351	STERILIZATION, MALE	.	.	.	409.73	.
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	534.06	452.56	396.94	419.64	-21.424
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VUL	2474.43	2471.01	2434.90	2752.44	11.235
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1807.39	1916.43	1924.08	1999.08	10.606
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O C	1578.31	1599.74	1575.35	1675.78	6.175
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1038.84	1079.91	1090.09	1181.66	13.748
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	1950.79	2061.56	2000.14	2314.85	18.662
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	1643.70	1640.61	1658.76	1772.04	7.808
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1464.27	1491.58	1492.14	1600.16	9.280

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
360	VAGINA, CERVIX & VULVA PROCEDURES	750.36	765.99	803.97	906.86	20.857
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	867.97	773.89	900.97	867.14	-0.095
362	ENDOSCOPIC TUBAL INTERRUPTION	235.22	438.64	666.19	843.58	258.639
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	721.22	772.17	766.40	844.62	17.109
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	516.06	561.55	568.38	605.84	17.398
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1490.28	1458.90	1551.44	1638.95	9.976
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	552.92	457.97	508.59	613.63	10.980
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	628.17	456.09	369.52	405.02	-35.524
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	282.73	333.44	389.74	381.43	34.910
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	712.97	434.67	406.42	425.25	-40.355
370	CESAREAN SECTION W CC	718.20	1178.94	910.91	890.57	24.001
371	CESAREAN SECTION W/O CC	939.30	878.13	853.50	905.58	-3.589
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	581.86	506.40	459.13	385.04	-33.826
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	399.27	407.93	413.19	386.93	-3.089
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	681.09	577.28	441.05	552.24	-18.918
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	.	.	.	721.54	.
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	252.79	103.87	250.31	103.25	-59.157
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	351.61	56.51	1081.77	603.82	71.729
378	ECTOPIC PREGNANCY	847.50	1149.84	717.37	811.87	-4.204
379	THREATENED ABORTION	98.61	128.22	137.05	206.19	109.099
380	ABORTION W/O D&C	270.56	178.22	106.01	119.32	-55.898
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	328.63	389.82	475.14	518.95	57.913
382	FALSE LABOR	39.58	80.65	75.64	81.86	106.850
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	165.40	146.11	200.47	187.39	13.296
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	130.71	234.29	131.02	119.95	-8.236
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FAC	930.95	117.56	.	.	.
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NE	376.05	281.74	.	.	.
389	FULL TERM NEONATE W MAJOR PROBLEMS	1157.64	680.03	531.02	776.44	-32.929
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	401.40	268.21	289.92	183.53	-54.278
391	NORMAL NEWBORN	.	.	.	382.52	.
392	SPLENECTOMY AGE >17	2025.91	2022.58	2160.70	2411.89	19.052
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING OR	974.03	1080.96	1112.30	1158.41	18.930
395	RED BLOOD CELL DISORDERS AGE >17	343.72	359.72	403.36	437.53	27.294
397	COAGULATION DISORDERS	371.81	388.30	434.08	461.79	24.199
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	397.36	384.91	427.90	418.52	5.327
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	356.90	337.06	356.99	349.31	-2.128
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	2096.29	2196.61	2312.83	2429.43	15.892
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	1351.74	1442.76	1479.74	1685.69	24.705
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1064.29	1131.61	1200.53	1170.53	9.983
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	550.28	578.61	651.24	687.82	24.995
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	450.75	475.02	483.25	484.25	7.432
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	1878.20	1921.55	2076.31	2344.33	24.818
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	1488.32	1571.13	1645.92	1714.54	15.200
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PRO	941.65	943.03	974.49	1052.64	11.787
409	RADIOTHERAPY	517.22	526.03	534.90	591.97	14.452
410	CHEMOTHERAPY	127.74	136.81	148.84	163.19	27.753
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	361.33	358.83	381.02	472.89	30.874
412	HISTORY OF MALIGNANCY W ENDOSCOPY	502.21	511.00	668.56	736.27	46.608
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	453.15	516.55	563.64	623.68	37.632
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	460.01	466.33	508.25	479.72	4.285
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	1502.99	1548.20	1630.27	1774.98	18.097
416	SEPTICEMIA AGE >17	423.95	444.40	495.01	530.41	25.113
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	273.10	279.45	280.48	312.21	14.319
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	354.42	394.91	415.82	452.38	27.639

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	314.71	317.87	342.36	382.77	21.6260
421	VIRAL ILLNESS AGE >17	279.73	289.21	334.69	331.17	18.3869
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	443.90	501.58	544.23	576.69	29.9138
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1422.85	1558.70	1630.08	1764.70	24.0257
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFU	313.60	345.37	403.40	429.17	36.8550
426	DEPRESSIVE NEUROSES	354.81	391.81	429.63	430.23	21.2565
427	NEUROSES EXCEPT DEPRESSIVE	296.96	341.57	377.77	404.61	36.2523
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	288.75	306.19	368.12	351.51	21.7316
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	374.30	443.95	481.99	524.75	40.1950
430	PSYCHOSES	341.63	404.16	437.72	460.80	34.8827
431	CHILDHOOD MENTAL DISORDERS	358.75	368.06	418.46	337.39	-5.9560
432	OTHER MENTAL DISORDER DIAGNOSES	322.37	349.78	380.72	508.86	57.8501
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	160.54	150.62	169.26	193.71	20.6627
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC	302.31	368.52	393.91	410.62	35.8286
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O	219.08	261.76	279.59	299.90	36.8946
439	SKIN GRAFTS FOR INJURIES	1036.75	1164.04	1166.08	1036.37	-0.0368
440	WOUND DEBRIDEMENTS FOR INJURIES	763.40	766.36	869.46	1005.12	31.6635
441	HAND PROCEDURES FOR INJURIES	674.18	782.27	851.69	932.33	38.2908
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	1446.19	1421.11	1435.04	1581.11	9.3296
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	1100.66	1016.69	1046.53	1287.28	16.9555
444	MULTIPLE TRAUMA AGE >17 W CC	340.98	422.07	372.34	396.57	16.3027
445	MULTIPLE TRAUMA AGE >17 W/O CC	301.77	307.59	310.44	351.25	16.3966
447	ALLERGIC REACTIONS AGE >17	257.25	264.56	285.61	311.83	21.2171
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	303.41	321.14	352.08	387.23	27.6267
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	251.07	259.88	273.05	312.23	24.3631
452	COMPLICATIONS OF TREATMENT W CC	316.82	337.54	361.32	423.06	33.5353
453	COMPLICATIONS OF TREATMENT W/O CC	302.89	278.37	278.01	343.33	13.3519
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	350.52	348.47	400.82	477.53	36.2364
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	259.66	252.78	286.03	352.56	35.7774
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	586.72	773.33	543.37	936.47	59.6104
457	EXTENSIVE BURNS W/O O.R. PROCEDURE	424.22	489.98	515.94	480.51	13.2702
458	NON-EXTENSIVE BURNS W SKIN GRAFT	1343.90	1395.52	1468.82	1510.52	12.3980
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. P	473.99	718.55	562.16	617.27	30.2264
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	308.95	329.59	286.04	301.10	-2.5418
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICE	1136.32	1136.54	1341.28	1489.14	31.0495
462	REHABILITATION	984.89	1143.11	1281.54	1392.08	41.3443
463	SIGNS & SYMPTOMS W CC	365.79	375.42	451.09	492.88	34.7446
464	SIGNS & SYMPTOMS W/O CC	348.68	344.51	390.54	433.22	24.2446
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSI	453.80	469.22	433.05	494.71	9.0148
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNO	417.80	479.03	492.01	588.45	40.8439
467	OTHER FACTORS INFLUENCING HEALTH STATUS	409.17	387.17	381.81	398.44	-2.6208
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	1827.82	1914.85	2033.93	2234.00	22.2224
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	700.00	275.39	789.20	.	.
470	UNGROUPABLE	827.32	994.90	1059.52	1190.21	43.8626
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	5969.82	5599.80	5398.73	6832.34	14.4480
472	EXTENSIVE BURNS W O.R. PROCEDURE	2388.91	2648.11	3233.24	2623.14	9.8048
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	558.15	675.93	687.09	793.85	42.2279
474	RESPIRATORY SYSTEM DIAGNOSIS WITH TRACHEOSTOMY	2198.65	2370.22	2854.50	3195.36	45.3327
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	723.40	768.89	882.03	1017.07	40.5952
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2045.94	2145.58	2212.67	2341.66	14.4540
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	1165.84	1197.28	1290.35	1343.26	15.2187

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PCTRVU
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	3371.98	3472.23	3542.15	3889.00	15.333
2	CRANIOTOMY FOR TRAUMA AGE >17	2823.79	2926.13	3033.67	3384.17	19.845
4	SPINAL PROCEDURES	2622.03	2849.08	3005.08	3194.83	21.845
5	EXTRACRANIAL VASCULAR PROCEDURES	2988.47	2989.43	3041.78	3137.10	4.973
6	CARPAL TUNNEL RELEASE	941.03	1002.54	1030.67	1228.88	30.588
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	1452.33	1572.29	1671.66	1869.45	28.721
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1176.51	1207.01	1256.12	1492.76	26.881
9	SPINAL DISORDERS & INJURIES	731.63	971.24	1033.14	1264.68	72.857
10	NERVOUS SYSTEM NEOPLASMS W CC	842.27	934.32	1012.65	1138.32	35.149
11	NERVOUS SYSTEM NEOPLASMS W/O CC	842.25	971.24	1060.62	1273.45	51.196
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	590.15	669.73	778.07	811.67	37.536
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	488.00	573.04	580.47	635.92	30.312
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	632.16	687.15	761.28	823.81	30.317
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	605.53	642.57	688.99	742.85	22.678
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	641.11	689.97	755.20	836.14	30.422
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	587.81	629.44	714.02	800.12	36.120
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	726.29	740.66	844.63	905.97	24.741
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	631.23	662.79	729.45	795.79	26.069
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	759.05	776.62	898.04	1015.51	33.788
21	VIRAL MENINGITIS	672.25	786.75	735.16	945.14	40.594
22	HYPERTENSIVE ENCEPHALOPATHY	420.88	458.91	492.25	573.76	36.323
23	NONTRAUMATIC STUPOR & COMA	528.76	561.30	649.72	665.17	25.798
24	SEIZURE & HEADACHE AGE >17 W CC	595.74	620.66	680.44	734.03	23.215
25	SEIZURE & HEADACHE AGE >17 W/O CC	493.45	514.79	546.45	595.62	20.704
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	744.30	803.93	858.45	839.39	12.776
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	723.52	769.58	863.07	965.62	33.462
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	624.60	639.33	678.26	731.55	17.122
31	CONCUSSION AGE >17 W CC	506.90	555.28	590.28	659.18	30.042
32	CONCUSSION AGE >17 W/O CC	433.77	464.86	479.08	548.70	26.497
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	739.90	753.70	834.71	891.00	20.421
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	611.68	619.33	661.56	742.55	21.395
36	RETINAL PROCEDURES	2527.44	2668.96	2718.59	3040.18	20.287
37	ORBITAL PROCEDURES	1513.48	1479.18	1527.41	1759.48	16.253
38	PRIMARY IRIS PROCEDURES	1117.44	1263.16	1210.37	1360.69	21.769
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	2017.68	2067.19	2110.38	2220.20	10.037
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1122.64	1237.73	1269.76	1365.00	21.589
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	2496.03	2622.97	2701.64	3039.18	21.761
43	HYPHEMA	1038.90	969.48	909.39	729.75	-29.757
44	ACUTE MAJOR EYE INFECTIONS	517.80	678.75	613.12	643.73	24.321
45	NEUROLOGICAL EYE DISORDERS	708.95	844.62	845.73	934.73	31.848
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	985.53	732.55	777.87	832.05	-15.573
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	1284.29	1112.67	917.88	986.67	-23.174
49	MAJOR HEAD & NECK PROCEDURES	2842.94	3032.16	3130.15	3561.68	25.282
50	SIALOADENECTOMY	1430.64	1460.67	1519.54	1646.84	15.112
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	1096.31	1200.42	1250.48	1321.88	20.575
52	CLEFT LIP & PALATE REPAIR	972.83	1036.06	1288.62	1739.79	78.838
53	SINUS & MASTOID PROCEDURES AGE >17	1460.17	1499.40	1480.15	1699.55	16.394
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1228.23	1238.29	1311.99	1438.74	17.139
56	RHINOPLASTY	1086.46	1085.14	1106.92	1179.38	8.553
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,	1062.61	1000.51	1156.51	1512.69	42.356
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	665.90	689.53	623.83	688.38	3.376
61	MYRINGOTOMY W TUBE INSERTION AGE >17	1174.77	1158.93	1346.44	1391.25	18.427
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	1309.99	1264.71	1392.59	1646.75	25.707
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1025.72	1036.51	1107.80	1186.59	15.684
65	DYSEQUILIBRIUM	441.96	485.17	522.58	573.23	29.702

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PCTRVU
66	EPISTAXIS	431.01	447.50	491.33	564.2	30.904
67	EPIGLOTTITIS	509.35	820.66	777.29	646.4	26.910
68	OTITIS MEDIA & URI AGE >17 W CC	373.18	401.29	469.59	476.4	27.667
69	OTITIS MEDIA & URI AGE >17 W/O CC	346.45	362.59	397.65	407.9	17.732
71	LARYNGOTRACHEITIS	436.41	452.04	604.29	786.8	80.296
72	NASAL TRAUMA & DEFORMITY	619.09	576.50	713.40	690.5	11.529
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	637.78	649.84	659.49	693.1	8.673
75	MAJOR CHEST PROCEDURES	3027.53	3066.08	3239.68	3430.0	13.294
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1875.85	1886.64	1896.69	1902.9	1.439
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1584.09	1559.97	1620.86	1510.2	-4.667
78	PULMONARY EMBOLISM	624.50	665.62	723.26	793.5	27.066
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	613.17	643.04	690.69	719.2	17.289
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	539.07	536.51	534.58	566.4	5.076
82	RESPIRATORY NEOPLASMS	955.47	977.19	1046.61	1091.3	14.215
83	MAJOR CHEST TRAUMA W CC	543.36	550.87	612.10	680.4	25.225
84	MAJOR CHEST TRAUMA W/O CC	365.24	433.81	390.05	434.9	19.086
85	PLEURAL EFFUSION W CC	704.62	776.47	871.61	882.2	25.202
86	PLEURAL EFFUSION W/O CC	720.35	743.20	777.90	807.9	12.150
87	PULMONARY EDEMA & RESPIRATORY FAILURE	532.06	563.37	660.76	734.0	37.959
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	536.08	582.54	632.81	673.0	25.533
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	470.39	503.77	562.54	586.5	24.685
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	385.79	390.28	418.79	442.8	14.785
92	INTERSTITIAL LUNG DISEASE W CC	726.24	781.31	886.02	836.2	15.142
93	INTERSTITIAL LUNG DISEASE W/O CC	681.62	722.88	740.48	800.6	17.463
94	PNEUMOTHORAX W CC	761.79	786.89	866.15	886.8	16.405
95	PNEUMOTHORAX W/O CC	587.91	611.44	581.77	661.0	12.424
96	BRONCHITIS & ASTHMA AGE >17 W CC	447.20	484.49	536.55	571.4	27.781
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	348.18	372.95	407.25	431.7	23.986
99	RESPIRATORY SIGNS & SYMPTOMS W CC	556.40	594.26	638.82	693.2	24.594
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	512.54	545.08	585.23	626.6	22.262
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	635.29	687.24	704.74	723.1	13.819
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	508.68	513.37	529.47	598.7	17.697
103	HEART TRANSPLANT	2327.06	4037.44	6430.48	13342.4	473.360
104	CARDIAC VALVE PROCEDURE W PUMP & W CARDIAC CATH	6944.34	7031.26	7212.62	8090.4	16.503
105	CARDIAC VALVE PROCEDURE W PUMP & W/O CARDIAC CATH	5712.30	5860.02	5920.47	6705.3	17.384
106	CORONARY BYPASS W CARDIAC CATH	6663.52	6737.49	6935.05	7504.2	12.615
107	CORONARY BYPASS W/O CARDIAC CATH	5508.05	5800.05	5866.20	6295.5	14.297
108	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, W PUMP	5595.07	5578.18	5506.18	6901.6	23.352
109	OTHER CARDIOTHORACIC PROCEDURES W/O PUMP	2975.28	3048.92	3331.33	3548.7	19.273
110	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W CC	3834.19	3901.39	4069.37	4435.2	15.676
111	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W/O CC	3280.77	3319.47	3350.24	3615.4	10.198
112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUM	2099.46	2109.69	2249.59	2302.6	9.675
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB	1833.83	1839.70	1970.17	2033.5	10.887
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	1034.90	1057.18	1152.70	1254.0	21.168
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR	2246.80	2068.36	2326.72	2448.5	8.977
116	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE O	1796.21	1984.22	2005.83	2118.0	17.914
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1887.01	1951.46	1960.67	1425.5	-24.457
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	1236.18	1231.15	1380.22	1584.5	28.177
119	VEIN LIGATION & STRIPPING	1069.00	1108.36	1115.36	1217.0	13.845
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	1401.66	1512.54	1598.64	1781.9	27.125
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE	869.23	991.26	1138.65	1282.6	47.558
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE	943.73	1111.58	1245.24	1475.4	56.340
123	CIRCULATORY DISORDERS W AMI, EXPIRED	767.02	797.77	926.96	962.6	25.500
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX	1450.74	1525.59	1464.65	1592.3	9.758
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPL	1211.62	1278.00	1196.56	1279.0	5.564

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PCTRVU
126	ACUTE & SUBACUTE ENDOCARDITIS	962.60	1046.96	1171.85	1308.08	35.891
127	HEART FAILURE & SHOCK	497.63	527.48	584.85	640.34	28.679
128	DEEP VEIN THROMBOPHLEBITIS	410.78	435.03	462.74	514.73	25.307
129	CARDIAC ARREST, UNEXPLAINED	574.60	608.70	640.71	708.41	23.287
130	PERIPHERAL VASCULAR DISORDERS W CC	699.00	661.09	688.92	751.07	7.449
131	PERIPHERAL VASCULAR DISORDERS W/O CC	636.25	608.04	588.85	655.68	3.054
132	ATHEROSCLEROSIS W CC	641.25	713.25	618.62	677.81	5.702
133	ATHEROSCLEROSIS W/O CC	702.53	1002.38	562.46	619.19	-11.863
134	HYPERTENSION	457.91	476.49	519.18	560.82	22.475
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	811.00	713.93	770.83	894.25	10.266
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	703.04	842.16	666.67	703.17	0.018
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	556.44	588.07	639.60	698.89	25.601
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	499.16	531.46	541.78	597.66	19.733
140	ANGINA PECTORIS	474.36	504.76	531.13	603.78	27.282
141	SYNCOPE & COLLAPSE W CC	535.89	580.73	639.43	701.40	30.886
142	SYNCOPE & COLLAPSE W/O CC	495.19	521.59	565.96	609.02	22.985
143	CHEST PAIN	451.72	475.81	517.64	559.32	23.821
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	617.93	654.62	706.46	759.20	22.862
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	566.23	573.46	594.81	662.30	16.966
146	RECTAL RESECTION W CC	2892.08	2952.66	3041.02	3303.71	14.233
147	RECTAL RESECTION W/O CC	2436.24	2365.87	2492.60	2594.67	6.503
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2500.07	2613.03	2715.81	2961.54	18.458
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	2157.96	2141.65	2167.99	2320.56	7.535
150	PERITONEAL ADHESIOLYSIS W CC	1728.62	1745.56	1898.06	2063.67	19.382
151	PERITONEAL ADHESIOLYSIS W/O CC	1408.71	1370.61	1452.10	1559.46	10.701
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1280.06	1309.99	1353.45	1639.39	28.072
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1140.19	1177.14	1158.39	1340.62	17.579
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	2336.32	2359.54	2470.25	2689.02	15.096
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O C	1758.81	1762.09	1751.35	1988.29	13.048
157	ANAL & STOMAL PROCEDURES W CC	1152.60	1192.75	1254.66	1350.67	17.184
158	ANAL & STOMAL PROCEDURES W/O CC	903.80	910.87	942.87	983.23	8.789
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W C	1267.03	1272.98	1313.88	1417.21	11.853
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O	1046.68	1033.56	1052.34	1153.52	10.208
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1116.20	1129.76	1153.26	1204.42	7.903
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	910.47	930.68	936.72	1003.07	10.171
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1475.79	1525.61	1557.74	1652.27	11.959
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1096.05	1144.65	1138.23	1229.72	12.195
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1220.74	1402.74	1301.67	1411.58	15.633
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	1001.56	985.34	1040.08	1088.38	8.668
168	MOUTH PROCEDURES W CC	951.21	1076.85	1085.64	1262.56	32.732
169	MOUTH PROCEDURES W/O CC	771.78	824.22	880.92	1036.32	34.276
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1762.11	1836.62	1931.69	2040.15	15.779
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1319.61	1351.62	1441.53	1508.25	14.295
172	DIGESTIVE MALIGNANCY W CC	863.89	785.00	872.99	962.43	11.407
173	DIGESTIVE MALIGNANCY W/O CC	1031.16	923.15	825.37	1006.47	-2.395
174	G.I. HEMORRHAGE W CC	677.00	715.38	773.39	855.26	26.331
175	G.I. HEMORRHAGE W/O CC	622.67	640.99	693.14	752.61	20.869
176	COMPLICATED PEPTIC ULCER	765.99	831.29	853.51	954.35	24.591
177	UNCOMPLICATED PEPTIC ULCER W CC	630.79	680.28	735.56	804.14	27.481
178	UNCOMPLICATED PEPTIC ULCER W/O CC	573.52	598.62	668.76	713.77	24.454
179	INFLAMMATORY BOWEL DISEASE	671.85	680.27	760.12	888.38	32.229
180	G.I. OBSTRUCTION W CC	529.43	549.58	610.72	680.60	28.553
181	G.I. OBSTRUCTION W/O CC	452.03	439.97	474.71	524.36	16.001
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	532.98	581.85	639.32	706.95	32.640
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	490.86	522.62	564.18	620.21	26.350

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PCTRVU
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AG	499.20	494.69	569.48	597.42	19.6761
187	DENTAL EXTRACTIONS & RESTORATIONS	273.28	259.46	280.65	331.87	21.4399
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	726.44	722.53	761.99	863.02	18.8018
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	687.42	710.53	660.81	756.75	10.0855
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2639.40	2630.41	3058.09	3425.62	29.7880
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	1820.31	2014.72	2306.85	2521.06	38.4959
193	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	2274.38	2373.33	2539.18	2862.35	25.8517
194	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	1887.57	1965.06	2096.01	2466.48	30.6699
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	2036.97	2097.90	2227.52	2348.55	15.2964
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	1803.24	1778.21	1833.58	1952.89	8.2988
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	1808.65	1837.91	1867.35	1994.53	10.2772
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	1537.64	1507.73	1528.28	1597.14	3.8693
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	1820.80	1947.39	2068.78	2173.74	19.3837
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	1664.21	1683.21	1748.32	2020.62	21.4160
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	1436.31	1520.42	1556.29	1729.56	20.4162
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	616.71	623.23	676.06	777.32	26.0429
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	651.04	668.11	765.64	856.92	31.6241
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	608.17	635.29	691.58	763.72	25.5774
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	583.63	603.30	662.50	697.63	19.5328
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	559.10	589.58	589.44	663.38	18.6512
207	DISORDERS OF THE BILIARY TRACT W CC	679.44	654.85	755.53	869.80	28.0175
208	DISORDERS OF THE BILIARY TRACT W/O CC	577.13	613.46	658.49	762.06	32.0432
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES	3292.18	3289.93	3323.41	3541.43	7.5711
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2143.08	2190.28	2251.59	2367.31	10.4632
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C	1902.57	1931.97	1996.03	2111.16	10.9636
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DIS	1452.13	1457.19	1540.91	1727.93	18.9929
214	BACK & NECK PROCEDURES W CC	2793.41	2945.40	2908.02	3446.28	23.3719
215	BACK & NECK PROCEDURES W/O CC	2348.49	2480.43	2439.02	2922.72	24.4508
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1562.38	1776.28	1863.89	2196.84	40.6090
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN	1617.90	1761.93	1856.90	2034.01	25.7190
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1686.10	1765.48	1703.88	1888.35	11.9948
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1373.19	1397.60	1411.41	1538.70	12.0531
221	KNEE PROCEDURES W CC	2103.81	2088.08	2284.63	2689.30	27.8300
222	KNEE PROCEDURES W/O CC	1445.33	1665.23	1704.38	2042.84	41.3406
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PRO	1475.00	1446.71	1512.20	1716.06	16.3430
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/	1151.33	1230.87	1217.11	1331.78	15.6735
225	FOOT PROCEDURES	1086.04	1125.20	1144.57	1290.80	18.8542
226	SOFT TISSUE PROCEDURES W CC	1332.07	1456.03	1547.94	1748.22	31.2403
227	SOFT TISSUE PROCEDURES W/O CC	1079.89	1158.88	1211.96	1379.87	27.7786
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W C	1174.99	1279.62	1246.02	1622.19	38.0595
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	993.03	1008.77	1024.91	1246.57	25.5316
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FE	1521.21	1572.39	1923.15	2097.00	37.8512
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP	1246.82	1406.00	1461.09	1744.18	39.8905
232	ARTHROSCOPY	1174.16	1447.39	1530.39	1883.89	60.4461
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2791.32	2884.96	3012.16	3166.50	13.4409
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	2476.44	2601.79	2662.99	2905.91	17.3425
235	FRACTURES OF FEMUR	874.60	919.03	993.82	1065.80	21.8615
236	FRACTURES OF HIP & PELVIS	1465.08	1545.79	1592.02	1729.65	18.0591
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	487.11	555.08	629.88	617.56	26.7803
238	OSTEOMYELITIS	703.17	730.34	748.94	858.32	22.0651
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MA	694.19	734.88	811.52	888.30	27.9622
240	CONNECTIVE TISSUE DISORDERS W CC	875.51	975.43	1142.87	1157.91	32.2550
241	CONNECTIVE TISSUE DISORDERS W/O CC	1030.20	1107.60	1221.18	1413.27	37.1845
242	SEPTIC ARTHRITIS	593.74	673.66	668.72	768.54	29.4393
243	MEDICAL BACK PROBLEMS	693.12	730.91	659.48	724.59	4.5394

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

12:37 FRIDAY, JULY 19

DRG	NAME	1985	1986	1987	1988	PCTRVU
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	1841.73	2152.55	2417.19	2656.58	44.2433
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	2133.58	2428.23	2600.66	2830.81	32.6785
246	NON-SPECIFIC ARTHROPATHIES	845.46	956.93	1068.08	1291.54	52.7613
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSU	508.42	570.30	610.26	676.96	33.1502
248	TENDONITIS, MYOSITIS & BURSITIS	536.12	563.99	570.03	666.36	24.2918
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1387.95	1411.55	1461.52	1769.09	27.4603
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W	717.13	761.90	786.46	858.16	19.6665
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/	622.33	687.56	708.70	726.24	16.6964
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	686.33	730.53	760.29	829.29	20.8297
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	590.51	625.79	632.26	675.33	14.3626
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNO	661.93	696.44	736.97	778.03	17.5382
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1835.51	1872.16	1893.25	2011.16	9.5693
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1682.10	1715.32	1730.29	1833.11	8.9774
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1528.42	1657.88	1687.68	1855.99	21.4321
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1339.18	1541.54	1624.10	1749.85	30.6661
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EX	1040.13	1182.85	1260.14	1551.55	49.1697
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	684.47	700.85	720.96	835.24	22.0268
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1129.31	1265.35	1314.98	1442.40	27.7242
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O	896.73	1013.97	982.33	1041.08	16.0966
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	1207.63	1409.41	1447.85	1509.55	25.0003
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	966.57	986.31	1087.50	1206.30	24.8015
267	PERIANAL & PILONIDAL PROCEDURES	748.57	657.66	677.32	899.94	20.2214
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	957.95	994.51	1128.88	1311.30	36.8866
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1292.06	1282.92	1408.85	1500.26	16.1145
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	837.53	960.16	993.41	1048.34	25.1694
271	SKIN ULCERS	522.70	506.28	531.74	612.79	17.2358
272	MAJOR SKIN DISORDERS W CC	489.40	534.61	539.32	588.61	20.2713
273	MAJOR SKIN DISORDERS W/O CC	417.83	430.01	409.12	495.88	18.6779
274	MALIGNANT BREAST DISORDERS W CC	729.18	750.72	719.32	834.20	14.4030
275	MALIGNANT BREAST DISORDERS W/O CC	1024.36	1123.24	890.61	928.75	-9.3335
276	NON-MALIGANT BREAST DISORDERS	514.83	597.32	495.47	567.16	10.1652
277	CELLULITIS AGE >17 W CC	436.13	457.59	501.23	533.61	22.3520
278	CELLULITIS AGE >17 W/O CC	357.04	363.95	379.13	408.83	14.5074
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	457.35	483.25	545.40	592.93	29.6441
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	378.36	403.52	429.12	482.74	27.5874
283	MINOR SKIN DISORDERS W CC	515.84	532.82	545.32	587.78	13.9478
284	MINOR SKIN DISORDERS W/O CC	500.32	459.14	506.72	487.68	-2.5261
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	1810.24	1744.74	1961.23	1963.93	8.4899
286	ADRENAL & PITUITARY PROCEDURES	3719.15	3446.72	3509.30	4162.82	11.9292
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI	1010.41	1001.72	1128.68	1230.70	21.8023
288	O.R. PROCEDURES FOR OBESITY	1946.41	1496.11	1816.51	1757.87	-9.6863
289	PARATHYROID PROCEDURES	2033.18	2023.29	2032.79	2175.19	6.9847
290	THYROID PROCEDURES	1521.60	1569.26	1631.89	1736.45	14.1203
291	THYROGLOSSAL PROCEDURES	1012.23	1104.27	1084.54	1134.03	12.0324
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1988.16	2214.57	2355.06	2424.96	21.9699
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	1673.08	1607.24	1707.87	1646.29	-1.6015
294	DIABETES AGE >35	407.29	439.28	474.23	532.00	30.6208
295	DIABETES AGE 0-35	.	.	254.71	234.93	.
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	465.23	506.24	559.89	619.37	33.1336
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	410.16	423.01	458.49	502.12	22.4192
299	INBORN ERRORS OF METABOLISM	643.79	540.88	563.72	615.90	-4.3322
300	ENDOCRINE DISORDERS W CC	655.90	662.83	694.57	808.23	23.2244
301	ENDOCRINE DISORDERS W/O CC	673.81	627.74	681.63	665.46	-1.2397
302	KIDNEY TRANSPLANT	4452.13	3964.68	3515.06	4309.45	-3.2049
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	2999.24	3170.71	3220.92	3436.12	14.5664

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

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DRG	NAME	1985	1986	1987	1988	PCTRVU
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	2028.55	2062.37	2348.90	2456.27	21.085
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1609.92	1617.30	1723.30	1927.24	19.711
306	PROSTATECTOMY W CC	1854.89	1899.48	1946.09	2082.01	12.244
307	PROSTATECTOMY W/O CC	1625.98	1661.09	1676.27	1771.45	8.947
308	MINOR BLADDER PROCEDURES W CC	1368.12	1416.59	1583.98	1652.09	20.757
309	MINOR BLADDER PROCEDURES W/O CC	1210.58	1241.69	1217.82	1364.67	12.729
310	TRANSURETHRAL PROCEDURES W CC	1212.10	1239.92	1333.03	1413.52	16.618
311	TRANSURETHRAL PROCEDURES W/O CC	1023.00	1065.09	1096.55	1179.87	15.335
312	URETHRAL PROCEDURES, AGE >17 W CC	864.61	895.69	953.81	1021.79	18.180
313	URETHRAL PROCEDURES, AGE >17 W/O CC	734.20	787.13	823.40	826.84	12.618
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	1876.31	1970.51	2029.07	2071.89	10.424
316	RENAL FAILURE	689.46	670.28	702.34	780.28	13.172
317	ADMIT FOR RENAL DIALYSIS	383.72	395.21	480.71	539.14	40.505
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	761.74	794.17	796.68	895.75	17.593
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	916.60	890.79	852.44	906.81	-1.068
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	460.08	477.41	540.05	581.63	26.421
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	401.82	418.88	441.38	501.47	24.800
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	614.57	727.13	807.14	902.04	46.775
324	URINARY STONES W/O CC	488.35	634.48	787.57	911.15	86.578
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	542.57	537.12	583.75	664.06	22.391
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	528.11	532.86	561.59	606.29	14.803
328	URETHRAL STRICTURE AGE >17 W CC	607.10	591.64	616.94	669.30	10.246
329	URETHRAL STRICTURE AGE >17 W/O CC	599.38	615.83	615.08	642.61	7.212
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	637.59	646.61	694.09	780.11	22.352
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	613.18	618.91	659.06	704.84	14.949
334	MAJOR MALE PELVIC PROCEDURES W CC	2412.30	2525.00	2594.69	2808.31	16.416
335	MAJOR MALE PELVIC PROCEDURES W/O CC	2222.01	2336.76	2394.10	2620.76	17.946
336	TRANSURETHRAL PROSTATECTOMY W CC	1772.56	1778.97	1777.35	1840.69	3.844
337	TRANSURETHRAL PROSTATECTOMY W/O CC	1582.36	1582.58	1574.24	1614.65	2.041
338	TESTES PROCEDURES, FOR MALIGNANCY	1135.99	1147.27	1201.49	1230.12	8.286
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	830.71	885.71	886.56	927.87	11.696
341	PENIS PROCEDURES	1631.81	1684.40	1716.14	1859.87	13.976
342	CIRCUMCISION AGE >17	582.91	524.04	651.75	735.27	26.137
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALI	1737.99	1866.44	1993.50	2137.67	22.997
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MAL	1099.84	1172.48	1082.39	1141.96	3.829
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	786.49	720.66	754.36	809.77	2.960
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	1011.93	928.37	831.57	851.07	-15.896
348	BENIGN PROSTATIC HYPERTROPHY W CC	969.21	833.26	791.24	773.37	-20.206
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	1144.41	880.11	703.81	790.84	-30.896
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	459.87	451.97	469.57	536.80	16.730
351	STERILIZATION, MALE	.	.	.	409.73	.
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	660.09	625.87	586.92	640.44	-2.977
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VUL	2678.89	2671.97	2640.84	2969.21	10.837
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	2033.88	2170.81	2213.22	2283.32	12.264
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O C	1785.09	1823.74	1803.08	1950.04	9.241
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1115.22	1166.44	1190.95	1297.60	16.354
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2148.63	2294.65	2260.80	2615.54	21.731
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	1751.70	1763.75	1783.07	1908.76	8.966
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1543.44	1579.15	1590.50	1706.76	10.582
360	VAGINA, CERVIX & VULVA PROCEDURES	922.27	965.82	1002.99	1145.18	24.170
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	1026.91	945.84	1055.11	1021.29	-0.547
362	ENDOSCOPIC TUBAL INTERRUPTION	324.97	509.47	737.33	904.09	178.208
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	1028.73	1084.37	1191.91	1256.08	22.101
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	631.38	699.13	721.80	802.82	27.153
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1656.78	1651.79	1725.88	1878.46	13.380

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DRG	NAME	1985	1986	1987	1988	PCTRVU
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	704.89	617.73	692.57	830.01	17.749
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	841.18	705.85	603.55	726.17	-13.672
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	413.25	469.77	569.04	558.55	35.160
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	849.29	624.16	598.13	694.73	-18.199
370	CESAREAN SECTION W CC	759.73	1303.62	991.70	960.66	26.448
371	CESAREAN SECTION W/O CC	990.26	913.36	887.15	970.64	-1.981
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	597.08	568.25	509.85	435.81	-27.010
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	454.08	467.61	478.46	442.55	-2.541
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	740.25	620.61	469.62	593.64	-19.805
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	.	.	.	721.54	.
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	275.21	187.99	318.11	153.04	-44.392
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	577.17	56.51	1553.72	644.26	11.623
378	ECTOPIC PREGNANCY	952.09	1259.89	824.46	904.36	-5.013
379	THREATENED ABORTION	371.81	301.82	290.78	338.74	-8.893
380	ABORTION W/O D&C	487.18	282.01	250.16	224.13	-53.995
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	419.21	512.80	663.49	667.11	59.135
382	FALSE LABOR	604.87	469.69	659.22	385.83	-36.213
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	324.10	322.42	355.51	396.92	22.467
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	330.51	446.60	245.54	465.96	40.982
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FAC	930.95	117.56	.	.	.
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NE	465.66	430.91	.	.	.
389	FULL TERM NEONATE W MAJOR PROBLEMS	1320.11	892.52	722.28	921.66	-30.183
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	575.80	268.21	477.28	318.38	-44.707
391	NORMAL NEWBORN	.	.	.	594.16	.
392	SPLENECTOMY AGE >17	2176.16	2165.59	2323.10	2609.61	19.918
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING OR	1115.57	1267.26	1342.62	1391.97	24.776
395	RED BLOOD CELL DISORDERS AGE >17	493.55	515.75	571.72	628.82	27.406
397	COAGULATION DISORDERS	535.74	559.38	618.98	674.77	25.950
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	586.13	576.83	635.29	675.27	15.210
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	530.10	499.60	511.99	606.05	14.328
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	2400.44	2517.76	2689.99	2851.29	18.782
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	1621.98	1766.71	1840.04	2107.54	29.937
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1428.69	1567.18	1710.73	1673.10	17.107
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	722.13	767.07	860.76	931.27	28.962
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	674.02	710.02	751.20	776.89	15.263
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	2078.06	2145.74	2333.87	2665.95	28.290
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	1691.98	1870.28	1952.33	2058.11	21.639
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PRO	1192.22	1153.18	1220.05	1338.39	12.260
409	RADIOTHERAPY	760.03	832.25	845.53	980.94	29.066
410	CHEMOTHERAPY	320.63	341.89	374.18	415.78	29.675
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	490.53	550.72	541.77	631.62	28.761
412	HISTORY OF MALIGNANCY W ENDOSCOPY	601.14	657.38	769.32	905.55	50.638
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	576.78	653.76	725.76	820.38	42.234
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	631.94	673.92	729.68	784.95	24.211
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	1675.43	1741.37	1818.84	2016.19	20.339
416	SEPTICEMIA AGE >17	542.64	577.19	634.92	701.01	29.186
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	438.03	456.53	459.77	537.73	22.761
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	520.21	575.39	613.70	705.25	35.570
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	452.12	474.28	511.18	562.21	24.350
421	VIRAL ILLNESS AGE >17	404.37	418.60	489.44	495.83	22.617
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	579.79	654.47	724.22	759.56	31.006
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1570.83	1726.13	1803.22	1961.48	24.869
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFU	452.75	501.17	565.35	628.63	38.847
426	DEPRESSIVE NEUROSES	474.34	533.36	573.36	603.53	27.235
427	NEUROSES EXCEPT DEPRESSIVE	406.95	494.61	526.68	580.71	42.697

MEAN RVU BY DRG FOR SERVICES DONE FROM 7 DAYS PRE TO 30 DAYS AFTER HOSPITALIZATION

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DRG	NAME	1985	1986	1987	1988	PCTRVU
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	417.80	440.88	509.44	516.57	23.639
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	486.71	575.15	617.37	683.01	40.331
430	PSYCHOSES	444.97	519.83	560.99	607.97	36.634
431	CHILDHOOD MENTAL DISORDERS	445.97	470.69	528.41	419.22	-5.999
432	OTHER MENTAL DISORDER DIAGNOSES	449.15	539.81	531.07	730.24	62.581
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	246.16	252.11	274.30	309.28	25.643
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC	408.72	477.20	519.38	550.96	34.801
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O	310.00	358.14	381.23	419.64	35.370
439	SKIN GRAFTS FOR INJURIES	1192.99	1307.02	1294.74	1258.36	5.479
440	WOUND DEBRIDEMENTS FOR INJURIES	911.67	923.61	1033.95	1217.32	33.526
441	HAND PROCEDURES FOR INJURIES	802.71	953.72	993.80	1088.29	35.577
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	1653.09	1643.39	1661.88	1825.84	10.450
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	1324.19	1263.68	1290.52	1582.72	19.524
444	MULTIPLE TRAUMA AGE >17 W CC	450.68	567.52	519.03	582.90	29.338
445	MULTIPLE TRAUMA AGE >17 W/O CC	430.90	455.05	456.70	499.99	16.035
447	ALLERGIC REACTIONS AGE >17	366.92	397.68	430.83	444.85	21.239
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	446.95	472.30	516.94	580.07	29.784
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	367.39	385.29	406.94	470.98	28.197
452	COMPLICATIONS OF TREATMENT W CC	533.61	576.73	629.85	748.74	40.315
453	COMPLICATIONS OF TREATMENT W/O CC	505.82	526.05	523.59	623.87	23.339
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	464.38	456.52	521.08	626.99	35.017
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	357.35	350.32	390.39	514.73	44.042
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	708.96	941.61	737.80	1467.52	106.994
457	EXTENSIVE BURNS W/O O.R. PROCEDURE	480.15	558.38	582.79	500.51	4.242
458	NON-EXTENSIVE BURNS W SKIN GRAFT	1466.42	1519.86	1608.29	1637.00	11.632
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. P	569.14	856.72	707.59	772.29	35.694
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	406.28	463.09	415.76	462.26	13.778
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICE	1298.27	1316.57	1554.94	1736.13	33.727
462	REHABILITATION	1153.42	1324.97	1466.13	1623.50	40.755
463	SIGNS & SYMPTOMS W CC	518.42	525.55	624.97	707.51	36.475
464	SIGNS & SYMPTOMS W/O CC	487.28	489.58	556.12	609.64	25.111
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSI	558.62	604.74	550.44	650.77	16.497
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNO	579.79	645.94	679.32	820.18	41.461
467	OTHER FACTORS INFLUENCING HEALTH STATUS	549.47	540.94	548.11	588.01	7.014
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2007.69	2103.69	2244.65	2476.56	23.354
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	811.49	314.90	885.41	.	.
470	UNGROUPABLE	991.25	1200.45	1285.45	1465.39	47.833
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	6077.15	5827.55	5702.45	7000.14	15.188
472	EXTENSIVE BURNS W O.R. PROCEDURE	2419.70	2891.00	3242.36	2700.66	11.611
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	706.49	826.95	833.06	993.35	40.603
474	RESPIRATORY SYSTEM DIAGNOSIS WITH TRACHEOSTOMY	2350.14	2531.56	3035.27	3388.55	44.185
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	902.62	927.95	1059.97	1213.76	34.470
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	2217.34	2319.15	2402.15	2540.58	14.578
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	1341.43	1396.61	1513.24	1594.38	18.857

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	19.2413	18.5753	18.1827	16.7565	-12.914
2	CRANIOTOMY FOR TRAUMA AGE >17	18.1925	18.1311	20.5898	16.9245	-6.970
4	SPINAL PROCEDURES	18.4641	17.0210	19.0890	15.1478	-17.961
5	EXTRACRANIAL VASCULAR PROCEDURES	8.2799	7.8895	7.7522	7.1733	-13.364
6	CARPAL TUNNEL RELEASE	2.7736	2.9681	3.0799	3.4537	24.523
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	22.1505	23.3088	26.1012	21.6427	-2.292
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	5.9471	6.0075	5.2723	5.1896	-12.736
9	SPINAL DISORDERS & INJURIES	18.6943	12.4331	14.1572	15.2016	-18.684
10	NERVOUS SYSTEM NEOPLASMS W CC	12.2578	11.0690	11.7832	10.8528	-11.462
11	NERVOUS SYSTEM NEOPLASMS W/O CC	8.4376	8.0731	8.2209	7.0595	-16.333
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	15.2541	12.4587	13.1525	12.1303	-20.479
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	12.3127	9.7070	10.0707	9.0309	-26.654
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	11.2388	10.7681	11.1182	10.3951	-7.507
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	5.7911	5.5808	5.8044	5.5727	-3.772
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	9.3360	9.0934	9.2244	9.2780	-0.621
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	6.3902	6.3565	6.7763	6.4449	0.857
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	9.3545	9.0026	9.1062	8.5314	-8.799
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	6.8726	5.9044	6.1856	6.0444	-12.052
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	11.4008	11.0060	11.8039	11.1449	-2.245
21	VIRAL MENINGITIS	9.7841	10.1474	9.8205	9.7667	-0.178
22	HYPERTENSIVE ENCEPHALOPATHY	5.7601	5.7702	5.5972	5.5781	-3.160
23	NONTRAUMATIC STUPOR & COMA	7.9481	6.8838	7.6311	7.4615	-6.122
24	SEIZURE & HEADACHE AGE >17 W CC	7.3658	7.1573	7.7050	7.2922	-0.999
25	SEIZURE & HEADACHE AGE >17 W/O CC	5.0177	4.6283	4.5686	4.5471	-9.379
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	9.0294	9.0569	10.6232	8.9212	-1.198
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	9.5466	9.1080	9.8523	9.4870	-0.624
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	6.9650	5.8675	5.2327	5.3655	-22.966
31	CONCUSSION AGE >17 W CC	6.4197	6.7311	6.5274	6.9798	8.725
32	CONCUSSION AGE >17 W/O CC	3.9867	4.3872	4.0877	3.7884	-4.974
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	10.4852	9.2263	9.7803	8.3897	-19.985
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	7.5452	5.7711	6.0707	5.4311	-28.019
36	RETINAL PROCEDURES	3.8983	3.3973	3.2358	2.7868	-28.512
37	ORBITAL PROCEDURES	4.9586	4.3311	4.4320	4.0669	-17.983
38	PRIMARY IRIS PROCEDURES	3.0773	3.3589	2.4971	2.6723	-13.162
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	2.0993	2.0435	2.2236	2.0949	-0.208
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	2.9568	2.9044	3.2313	2.7647	-6.498
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	3.2629	3.0172	3.0707	2.7956	-14.322
43	HYPHEMA	5.3902	4.8000	6.0645	3.8095	-29.326
44	ACUTE MAJOR EYE INFECTIONS	5.9521	6.9788	6.9206	6.0673	1.936
45	NEUROLOGICAL EYE DISORDERS	4.3306	4.3774	4.2077	4.3281	-0.057
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	4.9794	6.2942	7.0134	6.2575	25.667
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	3.5940	3.7307	3.3018	3.7432	4.152
49	MAJOR HEAD & NECK PROCEDURES	15.6431	15.4237	15.5547	14.2180	-9.110
50	SIALOADENECTOMY	3.7990	3.3602	3.2901	3.1005	-18.385
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	3.0667	3.0400	2.7143	3.0297	-1.205
52	CLEFT LIP & PALATE REPAIR	3.4783	5.0952	3.3500	3.0625	-11.953
53	SINUS & MASTOID PROCEDURES AGE >17	3.7911	3.3465	2.9849	3.1816	-16.078
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	2.8743	2.7591	2.7082	2.5031	-12.914
56	RHINOPLASTY	2.8280	2.2197	2.4040	2.5724	-9.039
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,	5.6250	7.1143	6.4622	6.8131	21.121
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	2.7778	2.7907	1.8333	1.4848	-46.545
61	MYRINGOTOMY W TUBE INSERTION AGE >17	3.4286	2.9878	5.2568	5.3462	55.929
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	7.3515	6.9474	7.4280	6.8714	-6.532
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	8.5443	8.3561	10.2749	9.5455	11.717

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65	DYSEQUILIBRIUM	4.2581	4.2709	4.1684	4.0978	-3.764
66	EPISTAXIS	4.2123	3.9437	4.3697	4.4647	5.992
67	EPIGLOTTITIS	6.0233	7.1951	7.4795	5.8947	-2.134
68	OTITIS MEDIA & URI AGE >17 W CC	6.1230	6.2323	6.4331	6.0781	-0.733
69	OTITIS MEDIA & URI AGE >17 W/O CC	4.9203	4.9281	4.8238	4.8154	-2.132
71	LARYNGOTRACHEITIS	5.8571	4.8261	8.6818	6.5000	10.976
72	NASAL TRAUMA & DEFORMITY	4.2449	3.9545	6.2941	4.7025	10.780
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	5.1665	5.3619	5.8402	5.9802	15.750
75	MAJOR CHEST PROCEDURES	16.2410	15.3539	15.5059	14.2738	-12.113
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	15.7853	14.6396	15.8663	13.9839	-11.412
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	9.8169	7.7232	6.9918	6.8826	-29.890
78	PULMONARY EMBOLISM	11.0520	10.8239	10.7198	10.4047	-5.857
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	12.3570	12.0272	12.1258	11.4402	-7.420
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	9.7908	9.5132	9.1096	8.3721	-14.490
82	RESPIRATORY NEOPLASMS	9.6447	9.3128	9.4538	9.2845	-3.735
83	MAJOR CHEST TRAUMA W CC	8.7617	8.6758	9.0464	8.4930	-3.066
84	MAJOR CHEST TRAUMA W/O CC	5.7883	5.8030	5.1718	5.2465	-9.360
85	PLEURAL EFFUSION W CC	8.9914	8.8955	9.3028	8.5493	-4.917
86	PLEURAL EFFUSION W/O CC	7.8530	6.3987	5.7602	5.3730	-31.580
87	PULMONARY EDEMA & RESPIRATORY FAILURE	7.5372	7.1712	8.1671	8.3529	10.822
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	8.0416	8.0633	8.0098	7.5678	-5.892
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	9.0910	8.9390	9.0929	8.7873	-3.341
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	7.3926	6.9968	6.8096	6.5412	-11.517
92	INTERSTITIAL LUNG DISEASE W CC	8.7714	8.8191	9.5030	8.9909	2.503
93	INTERSTITIAL LUNG DISEASE W/O CC	7.2004	6.0882	6.0861	6.6608	-7.494
94	PNEUMOTHORAX W CC	10.2316	9.8687	10.1558	9.5045	-7.107
95	PNEUMOTHORAX W/O CC	6.6128	6.5303	6.3089	6.0816	-8.032
96	BRONCHITIS & ASTHMA AGE >17 W CC	7.2855	7.3050	7.4315	7.1315	-2.113
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	5.8571	5.7555	5.6917	5.5816	-4.705
99	RESPIRATORY SIGNS & SYMPTOMS W CC	6.9182	5.7570	5.6167	6.2398	-9.807
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	4.1691	3.7668	3.4831	3.6351	-12.807
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	9.2022	8.9663	8.1870	6.9058	-24.955
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	6.5319	5.7191	5.1121	4.5668	-30.086
103	HEART TRANSPLANT	21.0000	27.7143	39.7273	38.7692	84.615
104	CARDIAC VALVE PROCEDURE W PUMP & W CARDIAC CATH	20.7405	20.1569	21.7854	20.8928	0.734
105	CARDIAC VALVE PROCEDURE W PUMP & W/O CARDIAC CATH	16.3280	16.1260	16.2000	15.1462	-7.238
106	CORONARY BYPASS W CARDIAC CATH	15.3256	15.6034	15.8247	15.3147	-0.071
107	CORONARY BYPASS W/O CARDIAC CATH	12.9208	12.6210	12.6502	11.8716	-8.120
108	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, W PUMP	13.5747	14.1834	14.3806	13.5049	-0.515
109	OTHER CARDIOTHORACIC PROCEDURES W/O PUMP	14.0817	14.1801	13.8864	12.6296	-10.312
110	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W CC	16.5675	16.1500	16.1869	14.9675	-9.657
111	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W/O CC	11.4881	10.5625	9.9115	8.9972	-21.683
112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUM	10.2841	8.9602	7.2554	6.5813	-36.005
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB	20.0029	19.2696	19.9689	17.7425	-11.301
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	14.8341	14.3264	14.7225	13.3923	-9.719
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR	19.2273	19.4231	17.6016	14.2697	-25.784
116	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE O	8.7592	9.4388	8.5551	7.7131	-11.943
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	8.9594	8.6282	8.2084	6.0207	-32.800
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	5.1543	4.5828	5.1032	5.7981	12.491
119	VEIN LIGATION & STRIPPING	7.5556	7.5070	6.6172	5.8061	-23.155
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	16.8452	16.9988	17.4616	16.8099	-0.210
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE	12.0103	11.6499	11.5678	10.8716	-9.481
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE	10.2619	9.6846	9.4138	8.9093	-13.181
123	CIRCULATORY DISORDERS W AMI, EXPIRED	6.1324	5.9568	6.1265	5.6467	-7.920

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124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX	6.4625	6.3501	6.1926	5.8833	-8.962
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPL	3.5346	3.4340	3.1381	2.9895	-15.421
126	ACUTE & SUBACUTE ENDOCARDITIS	23.7173	22.7460	23.4451	21.0938	-11.062
127	HEART FAILURE & SHOCK	8.2833	8.0926	8.2142	8.0456	-2.870
128	DEEP VEIN THROMBOPHLEBITIS	9.5286	9.1849	9.2610	8.8597	-7.020
129	CARDIAC ARREST, UNEXPLAINED	7.1952	6.8231	6.4754	5.2523	-27.003
130	PERIPHERAL VASCULAR DISORDERS W CC	8.3268	8.0434	8.3755	7.8038	-6.281
131	PERIPHERAL VASCULAR DISORDERS W/O CC	6.4078	5.9878	5.7942	5.6072	-12.494
132	ATHEROSCLEROSIS W CC	6.5806	5.9263	6.0930	5.8385	-11.277
133	ATHEROSCLEROSIS W/O CC	5.4355	5.3127	4.1576	4.4177	-18.725
134	HYPERTENSION	6.0126	5.6544	5.7039	5.5920	-6.995
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	8.0197	7.5532	7.8110	7.3195	-8.731
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	5.4298	5.6307	4.8907	4.7239	-13.002
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	6.5865	6.3587	6.4785	6.2868	-4.550
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	5.0186	4.6835	4.4126	4.2584	-15.148
140	ANGINA PECTORIS	5.1720	4.9359	4.9338	4.8456	-6.311
141	SYNCOPE & COLLAPSE W CC	5.9594	5.8508	6.2935	5.9956	0.608
142	SYNCOPE & COLLAPSE W/O CC	4.6279	4.3311	4.2730	4.1392	-10.559
143	CHEST PAIN	3.9401	3.8078	3.7520	3.6029	-8.557
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	8.1274	8.1102	8.1378	7.5949	-6.552
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	5.8731	5.2478	4.8868	4.7074	-19.848
146	RECTAL RESECTION W CC	18.0823	17.3796	16.4431	16.0043	-11.492
147	RECTAL RESECTION W/O CC	12.6742	11.7851	10.8825	10.0732	-20.522
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	17.9703	17.6684	17.5248	16.5530	-7.887
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	12.5865	11.6437	11.0021	10.5586	-16.111
150	PERITONEAL ADHESIOLYSIS W CC	15.6766	14.9686	15.1891	14.3203	-8.652
151	PERITONEAL ADHESIOLYSIS W/O CC	10.4965	9.8742	9.6216	8.8095	-16.072
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	10.9585	10.3960	10.5599	9.6634	-11.818
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	8.2676	7.4570	6.9215	7.0888	-14.257
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	17.4410	16.9092	17.0301	15.7530	-9.678
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O C	11.4210	10.5784	9.4919	9.5880	-16.050
157	ANAL & STOMAL PROCEDURES W CC	7.4106	7.5960	7.6005	7.4488	0.516
158	ANAL & STOMAL PROCEDURES W/O CC	4.4842	4.3447	3.9033	3.6408	-18.808
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W C	8.3805	7.6963	7.2405	7.0518	-15.854
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O	5.0315	4.7456	4.3810	3.9939	-20.624
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	5.9533	5.3978	5.1588	4.6123	-22.525
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	3.6394	3.2243	2.7545	2.4634	-32.312
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	13.6057	13.3388	12.9088	12.7399	-6.364
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	8.9760	8.5392	8.0675	7.7857	-13.261
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	9.0647	10.0299	8.9617	7.9821	-11.943
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	5.6283	5.3640	4.9673	4.7380	-15.818
168	MOUTH PROCEDURES W CC	6.8731	6.8021	6.7798	5.7500	-16.341
169	MOUTH PROCEDURES W/O CC	3.3872	3.4872	3.2595	3.4503	1.863
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	16.4045	16.2819	16.1277	15.6257	-4.747
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	10.2236	9.4688	8.8338	7.7311	-24.379
172	DIGESTIVE MALIGNANCY W CC	10.8548	10.1657	10.3507	10.0771	-7.164
173	DIGESTIVE MALIGNANCY W/O CC	8.6372	6.8600	6.6038	5.6186	-34.949
174	G.I. HEMORRHAGE W CC	7.3300	7.1640	7.1384	6.9115	-5.711
175	G.I. HEMORRHAGE W/O CC	5.7893	5.2140	5.1261	4.8216	-16.715
176	COMPLICATED PEPTIC ULCER	8.1593	7.7231	7.6298	7.4968	-8.120
177	UNCOMPLICATED PEPTIC ULCER W CC	6.6526	6.4058	6.4637	6.2763	-5.657
178	UNCOMPLICATED PEPTIC ULCER W/O CC	5.2776	4.8563	4.8046	4.7074	-10.804
179	INFLAMMATORY BOWEL DISEASE	8.8234	8.3400	8.9609	9.7977	11.042
180	G.I. OBSTRUCTION W CC	7.8422	7.5193	7.8291	7.6401	-2.576

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
181	G.I. OBSTRUCTION W/O CC	5.4695	5.0919	5.0236	4.8161	-11.946
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	6.3414	6.3158	6.4612	6.4314	1.419
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	4.7976	4.6126	4.5627	4.4854	-6.508
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AG	6.0772	5.9638	6.5727	6.0115	-1.081
187	DENTAL EXTRACTIONS & RESTORATIONS	3.3131	3.0085	3.2517	3.1683	-4.371
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	7.2465	7.1340	7.5143	7.3283	1.129
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	4.5596	4.4584	4.0741	4.0401	-11.395
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	20.2446	19.9105	21.7204	20.8195	2.839
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	11.8223	11.0426	13.3085	12.7722	8.034
193	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	18.0924	17.1793	17.7006	16.8415	-6.914
194	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	12.5553	11.5621	11.7573	11.4314	-8.952
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	14.2335	13.8049	13.9559	12.8563	-9.675
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	10.7453	10.2736	9.6140	8.9831	-16.400
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	11.5193	11.2645	10.8658	10.3006	-10.579
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	8.0764	7.4106	6.9372	6.3978	-20.784
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	15.6432	15.2202	16.1414	14.3472	-8.285
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	14.8554	12.6016	14.4187	13.8864	-6.523
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	12.9570	12.6114	13.3128	13.7100	5.812
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	10.4260	10.0010	10.5015	10.0957	-3.168
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	9.4459	9.2336	9.4892	9.3168	-1.366
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	8.0689	7.9989	7.9547	7.8262	-3.008
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	9.7050	9.4462	9.5369	9.2044	-5.158
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	6.5041	5.7430	5.1215	5.0913	-21.722
207	DISORDERS OF THE BILIARY TRACT W CC	7.7381	7.2037	7.4347	7.4550	-3.659
208	DISORDERS OF THE BILIARY TRACT W/O CC	5.0616	4.8446	4.6347	4.4825	-11.441
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES	13.6827	13.0667	12.5462	12.1115	-11.483
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	16.8682	15.9975	15.8784	14.6275	-13.283
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C	12.7952	11.8187	11.6392	10.9175	-14.675
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DIS	14.4346	13.7344	14.5007	13.1934	-8.599
214	BACK & NECK PROCEDURES W CC	17.3401	15.5239	13.9739	12.8546	-25.868
215	BACK & NECK PROCEDURES W/O CC	10.8398	10.1055	9.1459	8.1537	-24.779
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	14.2855	13.2940	15.4182	13.6676	-4.325
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN	22.3612	21.7807	22.3369	20.3603	-8.948
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	12.4325	12.1255	11.6865	10.4740	-15.753
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	7.7092	7.1912	6.7132	6.2991	-18.291
221	KNEE PROCEDURES W CC	13.0460	11.3467	11.3957	11.3814	-12.759
222	KNEE PROCEDURES W/O CC	5.3599	5.6027	5.7453	6.1606	14.939
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PRO	6.6365	5.7561	5.5616	4.9350	-25.639
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/	4.1495	3.8637	3.7199	3.3702	-18.779
225	FOOT PROCEDURES	5.1329	5.1896	5.2072	4.9591	-3.385
226	SOFT TISSUE PROCEDURES W CC	10.4379	10.9078	10.6308	10.2604	-1.700
227	SOFT TISSUE PROCEDURES W/O CC	5.4695	5.2489	4.6888	4.2958	-21.459
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W C	5.0052	4.6633	4.8193	4.2673	-14.743
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	3.2735	3.4557	2.9676	2.6463	-19.159
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FE	9.2987	10.0230	10.9623	9.9524	7.030
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP	6.8766	7.7812	7.1592	7.0034	1.844
232	ARTHROSCOPY	6.2636	6.3701	8.1312	6.7568	7.874
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	15.4535	14.4616	14.2732	13.2305	-14.385
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	10.7072	10.1618	9.7300	9.4164	-12.055
235	FRACTURES OF FEMUR	14.4458	13.4492	14.1836	13.5980	-5.869
236	FRACTURES OF HIP & PELVIS	13.2746	12.1970	12.2999	11.7041	-11.831
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	6.2230	6.9248	6.8132	6.5823	5.773
238	OSTEOMYELITIS	15.7228	15.4472	15.2390	12.9810	-17.438
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MA	10.4335	10.2338	10.3764	10.0558	-3.620

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
240	CONNECTIVE TISSUE DISORDERS W CC	10.2435	10.1739	10.6480	9.7528	-4.790
241	CONNECTIVE TISSUE DISORDERS W/O CC	9.0516	7.9374	7.6987	7.4241	-17.980
242	SEPTIC ARTHRITIS	12.4679	12.1534	10.9312	11.4229	-8.381
243	MEDICAL BACK PROBLEMS	7.6088	7.2171	6.9647	6.7063	-11.861
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	11.2660	11.3712	11.3574	10.9861	-2.485
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	10.4465	10.1952	9.9733	9.7483	-6.683
246	NON-SPECIFIC ARTHROPATHIES	7.8841	7.2199	6.8286	7.5319	-4.468
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSU	6.9319	5.4126	5.4337	5.4227	-21.771
248	TENDONITIS, MYOSITIS & BURSITIS	6.3599	6.2441	5.7152	6.1063	-3.988
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	9.7486	9.5297	9.2254	8.5696	-12.094
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W	7.6140	6.4323	7.6317	6.5000	-14.631
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/	4.0649	3.4906	3.8925	3.7958	-6.620
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	9.6072	8.6585	8.8340	8.4476	-12.070
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	5.6667	5.5967	5.1531	5.2501	-7.351
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNO	8.5168	6.4614	6.7880	6.2307	-26.842
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	8.1771	7.4439	6.9169	6.5029	-20.474
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	6.4498	5.6127	5.0716	4.6177	-28.406
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	7.6069	8.0743	7.1632	7.5464	-0.795
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	4.0240	3.6208	3.4760	3.2208	-19.960
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EX	3.4021	3.3816	3.1512	2.9155	-14.303
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	2.7085	2.4768	2.5113	2.4936	-7.934
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	22.3695	23.4034	23.2089	21.6355	-3.282
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O	15.8456	15.2665	15.1016	13.2704	-16.252
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	11.0709	11.7422	11.1758	9.6300	-13.015
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	5.3581	4.9149	4.7698	4.5082	-15.864
267	PERIANAL & PILONIDAL PROCEDURES	5.3043	4.4615	5.0968	4.8909	-7.794
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	3.4670	3.9292	4.4384	3.7549	8.301
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	12.3252	11.8661	12.6721	12.0621	-2.135
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	5.1333	5.4191	4.7502	4.3529	-15.202
271	SKIN ULCERS	12.0396	11.6001	11.6580	11.5031	-4.456
272	MAJOR SKIN DISORDERS W CC	9.4434	9.5271	9.0224	8.5703	-9.245
273	MAJOR SKIN DISORDERS W/O CC	6.6608	6.6410	6.8512	6.6150	-0.688
274	MALIGNANT BREAST DISORDERS W CC	8.9576	8.8750	9.5033	8.7290	-2.552
275	MALIGNANT BREAST DISORDERS W/O CC	6.9354	6.0591	5.3519	4.3165	-37.762
276	NON-MALIGANT BREAST DISORDERS	4.1640	4.4971	3.8313	4.8544	16.580
277	CELLULITIS AGE >17 W CC	9.3302	9.1195	9.0505	9.0125	-3.405
278	CELLULITIS AGE >17 W/O CC	7.3649	7.1028	6.8830	6.6212	-10.099
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	6.6031	6.5228	7.1192	6.4242	-2.710
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	4.8124	4.4231	4.6407	4.5742	-4.949
283	MINOR SKIN DISORDERS W CC	7.2922	7.2991	7.6019	7.4562	2.249
284	MINOR SKIN DISORDERS W/O CC	4.9606	4.8252	4.8546	4.7764	-3.713
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	25.8494	23.0731	25.3638	20.3912	-21.115
286	ADRENAL & PITUITARY PROCEDURES	13.6949	14.3394	13.7102	13.0559	-4.666
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI	21.9226	19.5544	22.5258	20.2411	-7.670
288	O.R. PROCEDURES FOR OBESITY	13.1064	15.8250	17.2881	12.5882	-3.953
289	PARATHYROID PROCEDURES	8.3415	7.4360	7.0199	6.2972	-24.507
290	THYROID PROCEDURES	5.3530	5.0579	4.7913	4.5554	-14.900
291	THYROGLOSSAL PROCEDURES	4.0667	4.2857	2.4286	2.1429	-47.307
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	18.1504	17.6410	19.0393	17.4593	-3.808
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	10.2292	9.6966	11.6268	10.3065	0.756
294	DIABETES AGE >35	7.5827	7.5467	7.5870	7.4706	-1.479
295	DIABETES AGE 0-35	.	.	1.5000	6.0000	.
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	8.3626	8.2360	8.6355	8.2671	-1.142
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	6.4013	5.7518	5.7263	5.4476	-14.899

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299	INBORN ERRORS OF METABOLISM	8.3769	6.5828	6.7111	7.8655	-6.105
300	ENDOCRINE DISORDERS W CC	9.7208	9.2440	9.0583	9.4219	-3.075
301	ENDOCRINE DISORDERS W/O CC	6.6293	6.6471	6.8356	6.0000	-9.493
302	KIDNEY TRANSPLANT	21.0349	19.9792	20.1379	17.9635	-14.601
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	14.7363	15.0762	14.4961	14.0066	-4.951
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	13.9580	13.3652	14.6644	13.7370	-1.583
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	8.5626	7.5701	8.0699	7.3970	-13.612
306	PROSTATECTOMY W CC	10.2629	10.2449	10.3766	9.6954	-5.530
307	PROSTATECTOMY W/O CC	6.5229	6.2903	5.6449	5.2936	-18.845
308	MINOR BLADDER PROCEDURES W CC	9.6787	9.6447	10.6352	9.8649	1.924
309	MINOR BLADDER PROCEDURES W/O CC	6.5687	5.7407	5.1955	5.0601	-22.966
310	TRANSURETHRAL PROCEDURES W CC	6.3405	6.2141	6.3961	5.8834	-7.208
311	TRANSURETHRAL PROCEDURES W/O CC	3.9290	3.6370	3.2499	3.0442	-22.520
312	URETHRAL PROCEDURES, AGE >17 W CC	5.5582	5.7757	5.8472	5.7606	3.641
313	URETHRAL PROCEDURES, AGE >17 W/O CC	3.6040	3.8569	3.1574	2.8874	-19.884
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	13.0067	14.3493	14.1586	12.5669	-3.381
316	RENAL FAILURE	9.4295	9.1511	9.3929	8.9339	-5.256
317	ADMIT FOR RENAL DIALYSIS	2.6906	3.2472	3.7938	3.4312	27.527
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	9.5230	9.1248	8.8674	9.1757	-3.647
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	5.5402	4.9723	4.1815	4.8209	-12.983
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	8.3332	8.4088	8.8536	8.4401	1.283
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	6.5360	6.5901	6.4411	6.1366	-6.111
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	5.1757	4.8173	4.6759	4.4932	-13.187
324	URINARY STONES W/O CC	3.1796	2.8050	2.6245	2.4644	-22.492
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	6.2988	5.9350	6.4425	6.3064	0.122
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	4.9163	4.4534	4.1381	3.9444	-19.770
328	URETHRAL STRICTURE AGE >17 W CC	5.7587	5.2795	4.6820	5.6782	-1.399
329	URETHRAL STRICTURE AGE >17 W/O CC	3.8618	3.7500	3.1926	2.9205	-24.376
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	7.5837	7.2774	7.5233	7.3465	-3.128
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	5.7220	5.3342	4.9502	4.6107	-19.422
334	MAJOR MALE PELVIC PROCEDURES W CC	13.2796	12.6241	11.8042	10.9125	-17.825
335	MAJOR MALE PELVIC PROCEDURES W/O CC	10.2570	9.7045	8.9804	8.3115	-18.967
336	TRANSURETHRAL PROSTATECTOMY W CC	8.3035	7.6561	7.2269	6.8647	-17.328
337	TRANSURETHRAL PROSTATECTOMY W/O CC	5.6838	5.1846	4.7127	4.4453	-21.791
338	TESTES PROCEDURES, FOR MALIGNANCY	6.4542	5.8487	5.7910	5.4237	-15.967
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	4.3806	4.0460	4.5052	3.7356	-14.724
341	PENIS PROCEDURES	5.6478	5.4338	5.1028	5.0609	-10.390
342	CIRCUMCISION AGE >17	2.7611	2.9187	3.1250	3.1215	13.052
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALI	7.7600	7.1543	7.0523	6.3666	-17.956
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MAL	6.3663	5.6841	5.6283	4.9470	-22.294
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	8.3370	8.0613	8.0818	8.2111	-1.511
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	5.2172	4.2554	3.4357	3.4056	-34.723
348	BENIGN PROSTATIC HYPERTROPHY W CC	6.4494	5.8000	5.6698	5.2576	-18.479
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	5.4481	3.7625	2.7394	2.9110	-46.569
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	5.9169	6.0015	6.1896	5.7864	-2.205
351	STERILIZATION, MALE	.	.	.	2.0000	.
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	4.0276	4.3988	4.0838	4.5900	13.965
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VUL	16.6974	13.9866	14.8318	13.1643	-21.160
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	10.7420	10.3873	10.0052	9.1621	-14.708
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O C	7.2592	6.9519	6.3458	5.9875	-17.518
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	6.6228	6.1305	5.6868	5.2566	-20.629
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	13.6427	14.2902	12.7249	12.9624	-4.987
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	9.9786	9.1822	8.8317	7.9562	-20.267
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	7.0059	6.5363	5.9955	5.5154	-21.275

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360	VAGINA, CERVIX & VULVA PROCEDURES	5.3997	5.3078	5.7858	5.8133	7.659
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	4.4138	4.7213	5.4096	4.6290	4.877
362	ENDOSCOPIC TUBAL INTERRUPTION	2.7143	2.1667	2.0000	2.0000	-26.316
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	4.9231	5.0512	5.1455	5.0368	2.310
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	2.8743	3.1361	3.3910	3.3043	14.962
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	12.9315	12.6082	12.8650	12.4728	-3.547
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	10.0795	9.7886	9.5855	10.5608	4.775
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	6.1250	5.3051	4.5805	4.2930	-29.910
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	6.7302	7.7023	7.5644	8.2534	22.633
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5.8302	5.0579	4.9016	5.1010	-12.507
370	CESAREAN SECTION W CC	8.6250	9.9583	8.4744	7.3636	-14.625
371	CESAREAN SECTION W/O CC	6.8000	5.5068	5.0741	5.0946	-25.079
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	3.8333	3.4194	4.4286	5.8710	53.156
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3.1026	3.4491	2.7719	2.8409	-8.434
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	3.9063	3.3000	3.2093	2.8966	-25.848
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	.	.	.	11.0000	.
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	4.5455	5.9000	4.2353	6.1667	35.667
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	3.7143	1.0000	11.5000	3.6667	-1.282
378	ECTOPIC PREGNANCY	4.4545	4.4545	5.0000	4.8000	7.755
379	THREATENED ABORTION	2.5333	3.2414	3.1765	3.1500	24.342
380	ABORTION W/O D&C	2.3333	1.8333	2.2308	1.1667	-50.000
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	3.1333	2.9714	4.0000	2.0800	-33.617
382	FALSE LABOR	1.2353	1.3333	1.8889	1.0000	-19.048
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	6.6563	5.4937	4.9895	4.4800	-32.695
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	2.5455	5.1667	2.4444	4.6923	84.341
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FAC	5.0000	2.0000	.	.	.
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NE	6.0000	19.0000	.	.	.
389	FULL TERM NEONATE W MAJOR PROBLEMS	13.5556	7.8333	9.0000	13.6667	0.820
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	9.0000	5.0000	10.5000	8.7500	-2.778
391	NORMAL NEWBORN	.	.	.	7.0000	.
392	SPLENECTOMY AGE >17	17.6605	17.1306	16.0478	15.4873	-12.305
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING OR	7.6667	9.9969	10.6440	9.3051	21.371
395	RED BLOOD CELL DISORDERS AGE >17	6.2730	6.0696	6.5367	6.3189	0.732
397	COAGULATION DISORDERS	8.2354	7.5301	7.8281	7.4548	-9.478
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	8.8011	8.8765	9.1025	8.0887	-8.094
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	6.0098	5.5625	6.0660	5.2582	-12.506
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	15.1992	15.4257	15.0907	14.1202	-7.099
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	13.9080	14.8013	14.0364	14.4134	3.634
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	6.7861	6.9802	6.0493	5.2771	-22.237
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	11.7613	11.6060	12.3035	11.7904	0.248
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	7.0502	6.6029	6.8674	6.2039	-12.004
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	17.5539	16.6208	16.0196	14.4129	-17.894
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	9.9691	9.6008	8.1040	7.3892	-25.879
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PRO	7.0441	6.3490	6.2961	6.1352	-12.903
409	RADIOTHERAPY	11.7091	10.1815	10.4010	9.9113	-15.354
410	CHEMOTHERAPY	3.1785	3.3055	3.3582	3.3139	4.258
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	4.1776	5.0992	3.7692	3.5156	-15.846
412	HISTORY OF MALIGNANCY W ENDOSCOPY	2.8393	2.4598	4.2909	3.8654	36.139
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	11.0865	10.7144	10.6251	10.9725	-1.028
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	8.1651	7.0477	7.5244	7.1756	-12.119
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	19.9040	21.1481	21.4332	19.9100	0.030
416	SEPTICEMIA AGE >17	10.6524	10.4836	10.7362	10.3556	-2.786
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	9.2344	8.6647	8.8207	8.6493	-6.336
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	7.7148	7.9341	7.7703	7.8942	2.325

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	6.1351	5.6598	5.4388	5.6543	-7.837
421	VIRAL ILLNESS AGE >17	5.6826	5.4746	5.7578	5.2894	-6.920
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	10.5768	11.7950	11.2135	11.0711	4.673
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	20.7379	24.3507	24.1221	21.6960	4.620
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFU	7.2718	6.9783	7.5184	7.1430	-1.770
426	DEPRESSIVE NEUROSES	12.0565	11.2294	11.5409	10.6529	-11.642
427	NEUROSES EXCEPT DEPRESSIVE	11.9670	11.3163	11.2958	10.9316	-8.652
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	15.2467	11.2755	12.9053	11.6361	-23.681
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	13.8849	11.8641	12.0218	11.6521	-16.081
430	PSYCHOSES	17.5347	14.6364	15.0507	14.3278	-18.289
431	CHILDHOOD MENTAL DISORDERS	14.8000	10.3774	12.7951	10.3467	-30.090
432	OTHER MENTAL DISORDER DIAGNOSES	11.9471	6.4103	9.0163	7.2041	-39.700
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	5.6739	5.1326	5.5338	5.4109	-4.635
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC	10.9664	11.5716	11.5904	11.1500	1.675
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O	11.2988	12.1085	12.5217	11.1966	-0.905
439	SKIN GRAFTS FOR INJURIES	10.6310	12.1758	11.4017	9.7429	-8.354
440	WOUND DEBRIDEMENTS FOR INJURIES	12.5351	11.6558	13.5217	13.1437	4.855
441	HAND PROCEDURES FOR INJURIES	3.5446	4.2593	4.4161	3.6237	2.232
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	13.0952	11.3667	12.6552	9.6780	-26.096
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	5.9734	4.8470	4.3747	4.6289	-22.507
444	MULTIPLE TRAUMA AGE >17 W CC	7.3023	8.0350	7.5975	7.3923	1.232
445	MULTIPLE TRAUMA AGE >17 W/O CC	8.3950	5.8941	5.7092	5.0449	-39.906
447	ALLERGIC REACTIONS AGE >17	3.8997	4.0068	3.9152	3.6564	-6.238
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	6.5732	6.3468	6.3983	6.4002	-2.631
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	4.9021	4.6067	4.3606	4.3238	-11.796
452	COMPLICATIONS OF TREATMENT W CC	6.1107	5.9319	5.8585	5.4527	-10.768
453	COMPLICATIONS OF TREATMENT W/O CC	4.3860	3.9888	3.8290	3.8871	-11.375
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	7.1199	6.3475	7.0424	7.0178	-1.433
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	4.3583	4.5809	3.5560	3.9912	-8.424
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	11.7500	7.9286	9.1750	12.1600	3.489
457	EXTENSIVE BURNS W/O O.R. PROCEDURE	7.6500	8.1739	9.8108	4.8261	-36.914
458	NON-EXTENSIVE BURNS W SKIN GRAFT	26.1080	22.0357	26.5433	21.9753	-15.829
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. P	17.8772	14.8056	14.5683	13.8644	-22.446
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	10.9647	10.1296	9.0323	8.1613	-25.567
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICE	8.9700	7.8845	9.8050	11.5625	28.902
462	REHABILITATION	27.9615	28.3051	28.4586	25.9424	-7.221
463	SIGNS & SYMPTOMS W CC	8.2224	7.0969	7.8671	7.5395	-8.305
464	SIGNS & SYMPTOMS W/O CC	5.1162	5.2240	5.0529	4.7936	-6.306
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSI	2.5000	2.5269	2.8345	2.2590	-9.640
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNO	4.2643	4.8126	5.6067	4.5885	7.602
467	OTHER FACTORS INFLUENCING HEALTH STATUS	7.4363	5.3740	4.3664	3.7229	-49.936
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	18.1476	18.4312	18.9950	17.9374	-1.158
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	2.0000	4.2500	21.0000	.	.
470	UNGROUPABLE	9.3690	8.3391	8.4067	8.3149	-11.251
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	24.4706	24.4231	20.4643	21.1515	-13.564
472	EXTENSIVE BURNS W O.R. PROCEDURE	45.9545	34.0769	39.6400	23.6667	-48.500
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	13.7248	16.2015	15.5860	15.6777	14.229
474	RESPIRATORY SYSTEM DIAGNOSIS WITH TRACHEOSTOMY	44.3034	44.4360	49.0462	43.2592	-2.357
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	13.2931	14.0960	14.4261	13.4113	0.889
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	17.6661	18.1189	17.8441	17.9825	1.791
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	10.8436	10.4777	11.6095	11.1376	2.711

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	2726	2950	3306	2908	6.676
2	CRANIOTOMY FOR TRAUMA AGE >17	584	679	746	649	11.130
4	SPINAL PROCEDURES	445	523	517	494	11.011
5	EXTRACRANIAL VASCULAR PROCEDURES	7428	6509	7090	6473	-12.857
6	CARPAL TUNNEL RELEASE	634	439	338	227	-64.196
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	608	651	751	655	7.730
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	798	671	595	501	-37.218
9	SPINAL DISORDERS & INJURIES	505	314	299	258	-48.911
10	NERVOUS SYSTEM NEOPLASMS W CC	2090	2204	2380	2303	10.191
11	NERVOUS SYSTEM NEOPLASMS W/O CC	934	793	765	605	-35.225
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	5673	4188	4066	3393	-40.190
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	697	669	651	518	-25.681
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	39036	40870	42897	40107	2.744
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	20734	20555	20853	19393	-6.468
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1802	1734	1747	1489	-17.370
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	1476	1038	1006	663	-55.081
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	1486	1545	1770	1656	11.440
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	2196	1821	1584	1285	-41.485
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	821	833	969	787	-4.141
21	VIRAL MENINGITIS	101	95	117	90	-10.891
22	HYPERTENSIVE ENCEPHALOPATHY	2138	2176	2125	1818	-14.967
23	NONTRAUMATIC STUPOR & COMA	771	654	610	507	-34.241
24	SEIZURE & HEADACHE AGE >17 W CC	3669	3898	4305	4107	11.938
25	SEIZURE & HEADACHE AGE >17 W/O CC	3119	2908	2666	2292	-26.515
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	303	281	353	292	-3.630
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	599	722	853	809	35.058
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	730	717	593	498	-31.781
31	CONCUSSION AGE >17 W CC	599	662	694	593	-1.002
32	CONCUSSION AGE >17 W/O CC	1011	873	798	586	-42.038
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1297	1361	1543	1519	17.116
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	1003	843	792	689	-31.306
36	RETINAL PROCEDURES	2338	2298	2557	2505	7.143
37	ORBITAL PROCEDURES	416	447	412	344	-17.308
38	PRIMARY IRIS PROCEDURES	227	209	171	119	-47.577
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	7954	3561	2281	1654	-79.205
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	888	722	683	578	-34.910
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	2341	2389	2489	2378	1.581
43	HYPHEMA	43	25	31	21	-51.163
44	ACUTE MAJOR EYE INFECTIONS	182	283	252	208	14.286
45	NEUROLOGICAL EYE DISORDERS	535	522	443	384	-28.224
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	575	469	447	369	-35.826
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	942	635	434	296	-68.577
49	MAJOR HEAD & NECK PROCEDURES	831	878	988	844	1.564
50	SIALOADENECTOMY	679	608	710	736	8.395
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	122	125	112	101	-17.213
52	CLEFT LIP & PALATE REPAIR	29	21	20	16	-44.828
53	SINUS & MASTOID PROCEDURES AGE >17	1160	1186	1260	1140	-1.724
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1492	1287	1179	954	-36.059
56	RHINOPLASTY	285	223	198	152	-46.667
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY,	132	105	119	107	-18.939
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	49	43	42	33	-32.653
61	MYRINGOTOMY W TUBE INSERTION AGE >17	110	82	74	52	-52.727
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	815	817	785	723	-11.288
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1114	966	855	737	-33.842

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65	DYSEQUILIBRIUM	4503	4433	4365	4070	-9.62
66	EPISTAXIS	1556	1402	1450	1274	-18.12
67	EPIGLOTTITIS	50	41	73	57	14.00
68	OTITIS MEDIA & URI AGE >17 W CC	2287	2738	1734	2676	17.01
69	OTITIS MEDIA & URI AGE >17 W/O CC	1551	1571	789	1024	-33.98
71	LARYNGOTRACHEITIS	24	23	22	22	-8.33
72	NASAL TRAUMA & DEFORMITY	158	110	119	121	-23.42
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	1313	1191	1195	1012	-22.92
75	MAJOR CHEST PROCEDURES	2985	3422	3706	3795	27.14
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1810	2084	2865	4475	147.24
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	470	466	489	622	32.34
78	PULMONARY EMBOLISM	3664	3799	3936	3410	-6.93
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	8641	11229	13097	13299	53.91
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	2093	2126	1999	1693	-19.11
82	RESPIRATORY NEOPLASMS	12386	12390	12401	10385	-16.16
83	MAJOR CHEST TRAUMA W CC	865	916	969	856	-1.04
84	MAJOR CHEST TRAUMA W/O CC	405	335	355	288	-28.89
85	PLEURAL EFFUSION W CC	2089	1972	2064	2059	-1.44
86	PLEURAL EFFUSION W/O CC	592	464	417	311	-47.47
87	PULMONARY EDEMA & RESPIRATORY FAILURE	3941	3704	4404	8530	116.44
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	17424	19424	15761	12405	-28.81
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	32871	39506	41621	44020	33.92
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	10717	10543	8856	8065	-24.75
92	INTERSTITIAL LUNG DISEASE W CC	1084	1277	1350	1101	1.57
93	INTERSTITIAL LUNG DISEASE W/O CC	521	465	395	286	-45.11
94	PNEUMOTHORAX W CC	1000	1127	1194	1122	12.20
95	PNEUMOTHORAX W/O CC	331	264	246	245	-25.98
96	BRONCHITIS & ASTHMA AGE >17 W CC	19778	24061	25858	27214	37.60
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	7514	8005	7019	6407	-14.73
99	RESPIRATORY SIGNS & SYMPTOMS W CC	5395	3617	3843	5297	-1.82
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	2323	1977	2045	1872	-19.41
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	9045	7112	5320	2686	-70.30
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	1514	1150	883	734	-51.52
103	HEART TRANSPLANT	8	7	11	13	62.50
104	CARDIAC VALVE PROCEDURE W PUMP & W CARDIAC CATH	822	1077	1370	1278	55.47
105	CARDIAC VALVE PROCEDURE W PUMP & W/O CARDIAC CATH	1195	1310	1510	1546	29.37
106	CORONARY BYPASS W CARDIAC CATH	3770	4987	6279	6247	65.70
107	CORONARY BYPASS W/O CARDIAC CATH	4055	4733	5406	5033	24.12
108	OTHER CARDIOTHORACIC OR VASCULAR PROCEDURES, W PUMP	445	469	649	820	84.27
109	OTHER CARDIOTHORACIC PROCEDURES W/O PUMP	416	544	933	972	133.65
110	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W CC	6331	7228	8626	9017	42.43
111	MAJOR RECONSTRUCTIVE VASCULAR PROC W/O PUMP W/O CC	3000	2864	2880	2472	-17.60
112	VASCULAR PROCEDURES EXCEPT MAJOR RECONSTRUCTION W/O PUM	3770	5352	11157	13183	249.68
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB	3688	4113	4347	3922	6.34
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	962	1051	1110	1068	11.02
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR	26	26	128	419	1511.54
116	PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE O	338	376	1724	6264	1753.25
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	6688	7076	6138	531	-92.06
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	1362	1160	1589	1486	9.10
119	VEIN LIGATION & STRIPPING	623	570	653	593	-4.82
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2309	2567	2877	2772	20.05
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE	9608	10738	12391	11917	24.03
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE	20949	20405	20943	18911	-9.73
123	CIRCULATORY DISORDERS W AMI, EXPIRED	7610	7956	8389	7543	-0.88

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124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX	7772	10166	11893	13068	68.142
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPL	12587	14780	16781	16921	34.432
126	ACUTE & SUBACUTE ENDOCARDITIS	423	437	510	501	18.440
127	HEART FAILURE & SHOCK	59418	64681	69761	68559	15.384
128	DEEP VEIN THROMBOPHLEBITIS	5292	5252	5019	4306	-18.632
129	CARDIAC ARREST, UNEXPLAINED	1484	1272	1197	1082	-27.089
130	PERIPHERAL VASCULAR DISORDERS W CC	6752	7262	7833	7671	13.611
131	PERIPHERAL VASCULAR DISORDERS W/O CC	5058	4838	4616	4068	-19.573
132	ATHEROSCLEROSIS W CC	3394	3187	2603	2093	-38.332
133	ATHEROSCLEROSIS W/O CC	2615	2168	1161	869	-66.769
134	HYPERTENSION	5507	5645	5282	4735	-14.019
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	957	949	1000	939	-1.881
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	481	398	311	268	-44.283
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	17813	20378	23081	22735	27.632
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	13031	13136	12892	11284	-13.406
140	ANGINA PECTORIS	40603	43796	45509	42809	5.433
141	SYNCOPE & COLLAPSE W CC	7375	7954	9029	9412	27.620
142	SYNCOPE & COLLAPSE W/O CC	6365	5950	5927	5689	-10.621
143	CHEST PAIN	11040	11792	13075	13033	18.053
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	5257	5760	6381	5646	7.400
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	1713	1590	1352	1104	-35.552
146	RECTAL RESECTION W CC	706	756	887	923	30.737
147	RECTAL RESECTION W/O CC	408	377	366	314	-23.039
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	12859	14174	16206	15729	22.319
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	4767	4328	4330	3582	-24.858
150	PERITONEAL ADHESIOLYSIS W CC	1607	1911	2337	2395	49.035
151	PERITONEAL ADHESIOLYSIS W/O CC	1018	1049	1007	945	-7.171
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1591	1957	2413	1034	-35.009
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1122	1070	1083	484	-56.863
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	4967	6025	7010	6199	24.804
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O C	1799	1651	1490	1097	-39.022
157	ANAL & STOMAL PROCEDURES W CC	2670	2802	3184	3244	21.498
158	ANAL & STOMAL PROCEDURES W/O CC	3905	3258	3144	2709	-30.627
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W C	1306	1442	1742	1814	38.897
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O	2226	2115	2302	2114	-5.031
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	3567	3849	4464	4416	23.802
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	8490	7767	7927	6715	-20.907
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	404	484	581	542	34.158
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	396	421	400	364	-8.081
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	196	301	339	336	71.429
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	399	445	397	355	-11.028
168	MOUTH PROCEDURES W CC	365	374	336	276	-24.384
169	MOUTH PROCEDURES W/O CC	618	509	393	302	-51.133
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1355	1529	1683	1635	20.664
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	452	416	355	305	-32.522
172	DIGESTIVE MALIGNANCY W CC	3844	3832	3975	3747	-2.523
173	DIGESTIVE MALIGNANCY W/O CC	1301	1050	833	679	-47.809
174	G.I. HEMORRHAGE W CC	13882	15694	17322	17901	28.951
175	G.I. HEMORRHAGE W/O CC	6467	5799	5259	4294	-33.601
176	COMPLICATED PEPTIC ULCER	1467	1589	1629	1711	16.633
177	UNCOMPLICATED PEPTIC ULCER W CC	2214	2452	2545	2483	12.150
178	UNCOMPLICATED PEPTIC ULCER W/O CC	1838	1712	1438	1244	-32.318
179	INFLAMMATORY BOWEL DISEASE	814	803	843	959	17.813
180	G.I. OBSTRUCTION W CC	5630	6253	7213	7261	28.970

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
181	G.I. OBSTRUCTION W/O CC	4126	4179	3897	3475	-15.778
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	27799	29477	31933	33060	18.925
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17	18318	16303	14583	12907	-29.539
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AG	659	608	571	521	-20.941
187	DENTAL EXTRACTIONS & RESTORATIONS	456	352	294	208	-54.386
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	4078	4238	4472	5020	23.100
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	3099	2548	1849	1672	-46.047
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	947	1117	1005	986	4.118
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	277	305	201	158	-42.960
193	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	1551	1740	1864	1546	-0.322
194	BILIARY TRACT PROC EXCEPT ONLY TOT CHOLECYST W OR W/O C	490	523	412	306	-37.551
195	TOTAL CHOLECYSTECTOMY W C.D.E. W CC	2417	2665	3041	2895	19.777
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	707	603	570	474	-32.956
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W CC	5672	6965	8234	7967	40.462
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	5575	5770	6210	5224	-6.296
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	482	495	403	386	-19.917
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	280	384	320	273	-2.500
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	489	669	713	638	30.470
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	2020	2002	1966	1819	-9.950
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	3958	3664	3925	3800	-3.992
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	3894	4386	4543	4413	13.328
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	2121	2248	2509	2402	13.248
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	828	642	576	449	-45.773
207	DISORDERS OF THE BILIARY TRACT W CC	3818	4355	4872	4653	21.870
208	DISORDERS OF THE BILIARY TRACT W/O CC	3084	2838	2628	2263	-26.621
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES	4243	4770	5498	5240	23.498
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	8826	10163	12175	12268	38.998
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O C	7497	6838	6809	5476	-26.957
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DIS	614	655	715	610	-0.651
214	BACK & NECK PROCEDURES W CC	1307	1964	3183	3577	173.680
215	BACK & NECK PROCEDURES W/O CC	2271	3156	4736	4638	104.227
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	680	711	715	743	9.265
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN	1337	1596	1799	1618	21.017
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	1171	1339	1560	1711	46.114
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17	2291	2249	2423	2324	1.440
221	KNEE PROCEDURES W CC	468	574	609	721	54.060
222	KNEE PROCEDURES W/O CC	1899	1578	1445	1258	-33.755
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PRO	849	1021	1298	1430	68.433
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/	1222	1181	1253	1156	-5.401
225	FOOT PROCEDURES	2619	2316	2046	1687	-35.586
226	SOFT TISSUE PROCEDURES W CC	573	586	688	745	30.017
227	SOFT TISSUE PROCEDURES W/O CC	1436	1362	1417	1180	-17.827
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W C	690	686	664	621	-10.000
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	836	722	648	557	-33.373
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FE	783	784	823	756	-3.448
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP	1365	1257	1244	1173	-14.066
232	ARTHROSCOPY	146	154	160	111	-23.973
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	1883	2268	3031	3123	65.852
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	2803	2862	3185	2906	3.675
235	FRACTURES OF FEMUR	934	895	975	908	-2.784
236	FRACTURES OF HIP & PELVIS	12064	11838	12683	11595	-3.888
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	331	319	273	237	-28.399
238	OSTEOMYELITIS	647	691	799	633	-2.164
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MA	8225	8607	8972	8141	-1.021

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
240	CONNECTIVE TISSUE DISORDERS W CC	1655	1685	1821	1586	-4.169
241	CONNECTIVE TISSUE DISORDERS W/O CC	1683	1438	1261	1047	-37.790
242	SEPTIC ARTHRITIS	300	326	349	279	-7.000
243	MEDICAL BACK PROBLEMS	24900	23606	20903	18018	-27.639
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	3292	3804	4429	5102	54.982
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	5481	5532	5657	5610	2.354
246	NON-SPECIFIC ARTHROPATHIES	549	473	391	376	-31.512
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSU	1863	1481	1441	1223	-34.353
248	TENDONITIS, MYOSITIS & BURSITIS	1121	1016	976	875	-21.945
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1053	1195	1238	1229	16.714
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W	497	495	543	460	-7.445
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/	1049	854	763	612	-41.659
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	1874	1889	2126	2004	6.937
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W	3294	2730	2600	2063	-37.371
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNO	1947	1556	1528	1357	-30.303
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	2472	2841	3538	3621	46.481
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	3122	3411	4399	4198	34.465
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	451	471	484	388	-13.969
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	627	567	563	471	-24.880
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EX	742	663	681	580	-21.833
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	1284	1015	755	551	-57.087
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	2231	2754	3327	3119	39.803
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O	1067	953	955	710	-33.458
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	640	675	745	719	12.344
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULI	1119	1011	995	797	-28.776
267	PERIANAL & PILONIDAL PROCEDURES	75	52	62	55	-26.667
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	378	339	333	257	-32.011
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1042	1128	1226	1175	12.764
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	1208	1076	1053	816	-32.450
271	SKIN ULCERS	2327	2283	2152	1952	-16.115
272	MAJOR SKIN DISORDERS W CC	848	884	894	768	-9.434
273	MAJOR SKIN DISORDERS W/O CC	624	532	484	361	-42.147
274	MALIGNANT BREAST DISORDERS W CC	668	664	602	476	-28.743
275	MALIGNANT BREAST DISORDERS W/O CC	307	237	108	79	-74.267
276	NON-MALIGANT BREAST DISORDERS	205	175	166	158	-22.927
277	CELLULITIS AGE >17 W CC	5118	5667	6786	6737	31.633
278	CELLULITIS AGE >17 W/O CC	3502	3627	3624	3165	-9.623
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	1877	1796	1829	1695	-9.696
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	1920	1768	1478	1233	-35.781
283	MINOR SKIN DISORDERS W CC	719	779	854	708	-1.530
284	MINOR SKIN DISORDERS W/O CC	849	595	509	407	-52.061
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DI	268	342	448	455	69.776
286	ADRENAL & PITUITARY PROCEDURES	133	165	176	179	34.586
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DI	659	799	1048	983	49.165
288	O.R. PROCEDURES FOR OBESITY	51	40	59	51	0.000
289	PARATHYROID PROCEDURES	459	539	603	535	16.558
290	THYROID PROCEDURES	1045	1191	1241	1282	22.679
291	THYROGLOSSAL PROCEDURES	18	28	28	28	55.556
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	380	454	585	614	61.579
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	151	145	142	124	-17.881
294	DIABETES AGE >35	12305	13567	14278	12932	5.095
295	DIABETES AGE 0-35	.	.	2	3	.
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	18764	20960	23394	23897	27.356
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	9809	9738	8501	7379	-24.773

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
299	INBORN ERRORS OF METABOLISM	150	151	135	119	-20.667
300	ENDOCRINE DISORDERS W CC	1184	1422	1458	1422	20.101
301	ENDOCRINE DISORDERS W/O CC	687	544	438	392	-42.940
302	KIDNEY TRANSPLANT	382	528	631	521	36.387
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	1588	1838	2030	1956	23.174
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	1758	2062	1874	1848	5.119
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1407	1298	1002	738	-47.548
306	PROSTATECTOMY W CC	1470	1372	1548	1543	4.966
307	PROSTATECTOMY W/O CC	1261	1023	1025	831	-34.100
308	MINOR BLADDER PROCEDURES W CC	1284	1382	1538	1488	15.888
309	MINOR BLADDER PROCEDURES W/O CC	1002	883	931	832	-16.966
310	TRANSURETHRAL PROCEDURES W CC	3759	3933	4527	4590	22.107
311	TRANSURETHRAL PROCEDURES W/O CC	4900	4358	4389	3802	-22.408
312	URETHRAL PROCEDURES, AGE >17 W CC	500	575	589	472	-5.600
313	URETHRAL PROCEDURES, AGE >17 W/O CC	561	517	470	435	-22.460
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	2195	2694	3494	3055	39.180
316	RENAL FAILURE	4731	4905	5169	4508	-4.714
317	ADMIT FOR RENAL DIALYSIS	185	178	194	160	-13.514
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	1003	1058	1033	939	-6.381
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	477	361	259	201	-57.862
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	13486	16332	19178	18464	36.912
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	6997	7106	6348	4918	-29.713
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	2259	2545	2789	2788	23.417
324	URINARY STONES W/O CC	3238	3230	3326	2855	-11.828
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	1760	1553	1539	1449	-17.670
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	1400	1019	847	683	-51.214
328	URETHRAL STRICTURE AGE >17 W CC	344	322	327	261	-24.128
329	URETHRAL STRICTURE AGE >17 W/O CC	265	148	135	88	-66.792
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	2495	2743	2922	2961	18.677
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	1725	1490	1286	1102	-36.116
334	MAJOR MALE PELVIC PROCEDURES W CC	858	995	1343	1451	69.114
335	MAJOR MALE PELVIC PROCEDURES W/O CC	967	1039	1124	1239	28.128
336	TRANSURETHRAL PROSTATECTOMY W CC	9163	10689	12978	12702	38.623
337	TRANSURETHRAL PROSTATECTOMY W/O CC	13510	14347	16842	13989	3.546
338	TESTES PROCEDURES, FOR MALIGNANCY	1155	1223	1349	1343	16.277
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	846	892	861	696	-17.730
341	PENIS PROCEDURES	2143	2393	2694	2478	15.632
342	CIRCUMCISION AGE >17	193	160	144	107	-44.560
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALI	380	460	497	461	21.316
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MAL	331	364	339	283	-14.502
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	1538	1485	1357	1265	-17.750
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	858	599	482	286	-66.667
348	BENIGN PROSTATIC HYPERTROPHY W CC	1105	895	848	687	-37.828
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	1852	1116	706	438	-76.350
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	1301	1350	1303	1194	-8.224
351	STERILIZATION, MALE	.	.	.	1	.
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	276	173	179	100	-63.768
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VUL	178	224	214	207	16.292
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	725	834	968	987	36.138
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O C	1001	1061	1096	958	-4.296
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	3302	3593	4329	4381	32.677
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	697	758	898	852	22.238
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	1336	1636	2008	2055	53.817
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	3316	3675	4011	3636	9.650

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
360	VAGINA, CERVIX & VULVA PROCEDURES	794	705	677	573	-27.834
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	97	61	83	62	-36.082
362	ENDOSCOPIC TUBAL INTERRUPTION	8	6	5	2	-75.000
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	693	644	550	598	-13.709
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	1342	889	757	575	-57.154
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	426	490	511	459	7.746
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	674	719	760	724	7.418
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	435	331	205	215	-50.575
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	206	215	202	221	7.282
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	938	604	498	406	-56.716
370	CESAREAN SECTION W CC	28	48	78	44	57.143
371	CESAREAN SECTION W/O CC	64	73	81	74	15.625
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	21	31	35	31	47.619
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	128	167	228	220	71.875
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	36	40	43	29	-19.444
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	.	.	.	1	.
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	12	10	17	6	-50.000
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	7	1	4	3	-57.143
378	ECTOPIC PREGNANCY	11	11	13	10	-9.091
379	THREATENED ABORTION	16	29	17	20	25.000
380	ABORTION W/O D&C	9	6	13	6	-33.333
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	30	35	39	25	-16.667
382	FALSE LABOR	17	6	9	6	-64.706
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	69	79	95	75	8.696
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	11	12	9	13	18.182
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FAC	2	1	.	.	.
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NE	1	1	.	.	.
389	FULL TERM NEONATE W MAJOR PROBLEMS	9	12	7	3	-66.667
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	10	1	4	4	-60.000
391	NORMAL NEWBORN	.	.	.	1	.
392	SPLENECTOMY AGE >17	249	291	314	316	26.908
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING OR	294	319	309	272	-7.483
395	RED BLOOD CELL DISORDERS AGE >17	10440	10486	10197	9673	-7.347
397	COAGULATION DISORDERS	1115	1245	1274	1273	14.170
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1047	1279	1453	1556	48.615
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	454	416	424	364	-19.824
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	905	1010	1080	907	0.221
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	696	790	824	803	15.374
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	662	555	568	480	-27.492
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	2758	3023	3213	2982	8.122
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	1477	1292	1184	927	-37.238
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	405	451	510	482	19.012
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC	307	253	250	185	-39.739
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PRO	1278	1315	1479	1361	6.495
409	RADIOTHERAPY	944	964	995	879	-6.886
410	CHEMOTHERAPY	13359	14970	16715	16936	26.776
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	164	131	104	64	-60.976
412	HISTORY OF MALIGNANCY W ENDOSCOPY	132	87	55	52	-60.606
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1311	1299	1315	1272	-2.975
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	945	692	513	410	-56.614
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	2303	2715	3278	2888	25.402
416	SEPTICEMIA AGE >17	10610	12112	12898	12561	18.388
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	1219	1366	1523	1420	16.489
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	1786	1896	1998	2155	20.661

DRG	NAME	1985	1986	1987	1988	PERCENT CHANGE
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	850	682	654	567	-33.294
421	VIRAL ILLNESS AGE >17	1681	2031	1602	1956	16.359
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	831	927	951	844	1.564
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	530	633	614	579	9.245
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFU	2152	2302	2533	2461	14.359
426	DEPRESSIVE NEUROSES	3072	2720	2662	2184	-28.906
427	NEUROSES EXCEPT DEPRESSIVE	544	509	551	585	7.537
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	330	323	380	305	-7.576
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	6058	5289	5824	5406	-10.763
430	PSYCHOSES	17985	16469	18712	17984	-0.006
431	CHILDHOOD MENTAL DISORDERS	94	106	122	75	-20.213
432	OTHER MENTAL DISORDER DIAGNOSES	181	117	123	98	-45.856
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	497	694	770	752	51.308
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC	2697	2925	3406	3246	20.356
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O	4460	3520	3663	3062	-31.345
439	SKIN GRAFTS FOR INJURIES	105	91	117	140	33.333
440	WOUND DEBRIDEMENTS FOR INJURIES	344	462	621	536	55.814
441	HAND PROCEDURES FOR INJURIES	117	135	137	93	-20.513
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	696	900	1102	1121	61.063
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	657	791	854	760	15.677
444	MULTIPLE TRAUMA AGE >17 W CC	481	457	487	492	2.287
445	MULTIPLE TRAUMA AGE >17 W/O CC	517	406	368	334	-35.397
447	ALLERGIC REACTIONS AGE >17	327	444	389	390	19.266
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	3896	4057	4173	4108	5.441
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	2143	1986	1722	1402	-34.578
452	COMPLICATIONS OF TREATMENT W CC	943	1175	1435	1469	55.779
453	COMPLICATIONS OF TREATMENT W/O CC	943	981	971	877	-6.999
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	604	682	590	618	2.318
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	348	303	250	226	-35.057
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	27	28	40	25	-7.407
457	EXTENSIVE BURNS W/O O.R. PROCEDURE	24	23	37	23	-4.167
458	NON-EXTENSIVE BURNS W SKIN GRAFT	246	252	254	283	15.041
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. P	120	144	139	118	-1.667
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	414	355	371	310	-25.121
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICE	1364	1506	1349	912	-33.138
462	REHABILITATION	3986	5490	7023	7150	79.378
463	SIGNS & SYMPTOMS W CC	1592	1342	1415	1329	-16.520
464	SIGNS & SYMPTOMS W/O CC	801	625	586	436	-45.568
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSI	245	167	145	139	-43.265
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNO	671	475	534	537	-19.970
467	OTHER FACTORS INFLUENCING HEALTH STATUS	1011	1139	898	646	-36.103
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	8605	9968	10652	9062	5.311
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	1	4	1	.	.
470	UNGROUPABLE	30686	19975	20900	17369	-43.398
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREM	19	26	28	33	73.684
472	EXTENSIVE BURNS W O.R. PROCEDURE	23	26	25	18	-21.739
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	981	963	1041	909	-7.339
474	RESPIRATORY SYSTEM DIAGNOSIS WITH TRACHEOSTOMY	898	1062	1169	1138	26.726
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	1332	1760	2551	5431	307.733
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOS	1304	1447	1520	1372	5.215
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	3712	4957	4689	4512	21.552

APPENDIX B

COMPLICATIONS OR COMORBIDITIES

APPENDIX B

COMPLICATIONS OR COMORBIDITIES

(Secondary diagnoses only)

GROUP 1 - METASTATIC CANCER

Secondary and Unspecified Malignant Neoplasm of Lymph Nodes

96 196 (at three-digit level)

Secondary Malignant Neoplasmn of Respiratory and Digestive Systems

97 197 (at three-digit level)

Secondary Malignant Neoplasm of Other Specified Sites

198 198 (at three-digit level)

GROUP 2 - DIABETES MELLITUS

250.01-250.91 (excludes 250.00)

25001 Diabetes, uncomplicated, juvenile
25010 Diabetic ketoacidosis, adult
25011 Diabetic ketoacidosis, juvenile
25020 Diabatic hyperosmolar coma, adult
25021 Diabetic hyperosmolar coma, juvenile
25030 Diabetes, coma NEC, adult
25031 Diabetes, coma NEC, juvenile
25040 Diabetes, renal manifestations, adult
25041 Diabetes, renal manifestations, juvenile
25050 Diabetes, ophthalmologic manifestations, adult
25051 Diabetes, ophthalmologic manifestations, juvenile
25060 Diabetes, neuropathy manifestations, adult
25061 Diabetes, neuropathy manifestations, juvenile
25070 Diabetes, circulatory disorder, adult
25071 Diabetes, circulatory disorder, juvenile
25080 Diabetes with manifestions NEC, adult
25081 Diabetes with manifestions NEC, juvenile
25090 Diabetes with complications NOS, adult
25091 Diabetes with complications NOS, juvenile

GROUP 3 - DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

276 276 (at three digit level)

GROUP 4 - ANEMIAS

Iron Deficiency Anemias

280.0	2800	Secondary to blood loss (chronic)

Other and Unspecified Anemias

285.0	2850	Sideroblastic anemia
285.1	2851	Acute post-hemorrhagic anemia

GROUP 5 - HYPERTENSION AND HYPTERTENSIVE HEART DISEASE

401.0	4010	Malignant hypertension
402.0	4020	Malignant hypertensive heart disease w/wo congestive heart failure
402.11	40211	Benign hypertension with congestive heart failure
402.91	40291	Hypertensive heart disease with CHF

GROUP 6 - ACUTE MYOCARDIAL INFARCTION (Only if 5th digit is equal to '1')

410.x1	410	(at three-digit level, with 5th digit = '1')

GROUP 7 - ISCHEMIC HEART DISEASE

Other Acute and Subacute Forms of Ischemic Heart Disease

411	4110	Postmyocardial infarction syndrome
	4111	Intermediate coronary syndrome
	41181	Acute ischemic heart disease without myocardial infarction
	41189	Other

Angina Pectoris

413	413	(at three-digit level)

GROUP 8 - CONDUCTION DISORDERS AND ARRHYTHMIAS

Conduction Disorders

426.0	4260	Atrioventricular block, complete
426.12	42612	Mobitz (Type II) atrioventricular block
426.13	42613	Other second degree atrioventricular block

Conduction Disorders (discontinued)

426.53-426.7	42653	Other bilateral bundle branch block
	42654	Trifascicular block
	4266	Other heart block
	4267	Anomalous atrioventricular excitation

Cardiac Dysrhythmias

427.0-427.5	4270	Paroxysmal atrial tachycardia
	4271	Paroxysmal ventricular tachycardia
	4272	Paroxysmal tachycardia NOS
	42731	Atrial fibrillation
	42732	Atrial flutter
	42741	Ventricular fibrillation
	42742	Ventricular flutter
	4275	Cardiac arrest

GROUP 9 - HEART FAILURE

428	428	(at three-digit level)

GROUP 10 ILL-DEFINED DESCRIPTIONS AND COMPLICATIONS OF HEART DISEASE

429.0	4290	Myocarditis NOS
429.4-429.82	4294	Functional disturbances following cardiac surgery
	4295	Chordae tendinae rupture
	4296	Papillary muscle rupture
	42971	Acquired cardiac septal defect
	42979	Other sequelae of MI NEC
	42981	Papillary muscle disorder NEC
	42982	Hyperkinetic heart disease

GROUP 11 - CEREBROVASCULAR DISEASE

Occlusion and Stenosis of Precerebral Arteries

433.0-433.3	4330	Basilar artery
	4331	Carotid artery
	4332	Vertebral artery
	4333	Multiple and bilateral

Other and Ill-Defined Cerebrovascular Disease

437.2	4372 Hypertensive encephalopathy
437.4-437.6	4374 Cerebral arteritis
	4375 Moyamoya disease
	4376 Nonpyogenic thrombosis of cavernus sinus

GROUP 12 - RESPIRATORY DISEASE

Emphysema

492.8	4928 Other emphysema

Chronic Airway Obstruction, Nec

496	496 (at three-digit level)

Pleurisy

511.1-511.9	5111 With effusion, with mention of a bacterial cause other than tuberculosis
	5118 Other specified forms of effusion, except tuberculosis
	5119 Unspecified pleural effusion

Other Diseases of Lung

518.0	5180 Pulmonary collapse
518.1	5181 Intertitial emphysema
518.4	5184 Acute edema of lung, unspecified
518.5-518.82	5185 Pulmonary insufficiency following trauma and surgery
	51881 Respiratory failure
	51882 Other pulmonary insufficiency, NEC

GROUP 13 - GI DISEASE

Diseases of Esophagus

530.4	5304 Perforation of esophagus
530.7	5307 Gastroesophageal laceration-hemorrhage syndrome

Gastritis and Duodenitis

535.0	5350 Acute gastritis

Intestinal Obstruction without Mention of Hernia

560	560	(at three-digit level)

Peritonitis

567	567	(at three-digit level)
568.81	56881	Hemoperitoneum (nontraumatic)

Other Disorders of Intestine

569.3	5693	Hemorrhage of rectum and anus
569.5	5695	Abscess of intestine
569.6	5696	Colostomy and enterostomy malfunction
569.83	56983	Perforation of intestine

Cholelithiasis

574 (but	5740	Calculus of gallbladder with acute cholecystitis
excluding	5741	Calculus of gallbladder with other cholecystitis
574.2)	5743	Calculus of bile duct with acute cholecystitis
	5744	Calculus of bile duct with other colecystitis
	5745	Calculus of bile duct without mention of cholecystitis

Gastrointestinal Hemorrhage

578	578	(at three-digit level)

GROUP 14 - OTHER DISORDERS OF URETHRA AND URINARY TRACT

599.0	5990	Urinary tract infection, site not specified
599.4	5994	Urethral false passage
599.6	5996	Urinary obstruction, unspecified
599.7	5997	Hematuria

GROUP 15 - GENERAL SYMPTOMS

780.0	7800	Coma and stupor
780.1	7801	Hallucinations
780.3	7803	Convulsions

GROUP 16 - SYMPTOMS INVOLVING CARDIOVASCULAR SYMPTOM

785.4	7854	Gangrene
785.5	78550	Shock, unspecified
	78551	Cardiogenic shock
	78559	Other

GROUP 17 - COMPLICATIONS

Complications Peculiar to Certain Specified Procedures

996.0-996.2	9960	Mechanical complication of cardiac device, implant, and graft
	9961	Mechanical complication of other vascular device, implant, and graft
	9962	Mechanical complication of nervous system device, implant, and graft
996.30	99630	Mechanical complication of unspecified genitourinary device, implant, and graft
996.39	99639	Mechanical complication of other genitourinary device, implant, and graft
996.4-996.9	9964	Mechanical complication of internal orthopedic device, implant, and graft
	9965	Mechanical complication of other specified prosthetic device, impant, and graft
	9966	Infection and inflammatory reaction due to internal prosthetic device, implant, and graft
	9967	Other complications of internal prosthetic device, imnplant, and graft
	9968	Complications of transplanted organs
	9969	Complications of reattached extremity or body part

Complications Affecting Specified Body Systems, Nec.

997.0-997.5	9970	Central nervous system complications
	9971	Cardiac complications
	9972	Peripheral vascular complications
	9973	Respiratory complications
	9974	Gastrointestinal complications
	9975	Urinary complications
996.62	99762	Infection (chronic), late amputation stump complication
997.9	9979	Complications affecting other specified body systems, NEC

Other Complications of Procedures, Nec.

998	998	(at three-digit level)

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APPEND MODE

RECORD NUMBER:

PROJECT NUMBER: 17-C-98999 TYPE: J STATUS: C

P/I OR AUTHOR: Janet B. Mitchell

ORGANIZATION: CHER

TITLE: TIME TRENDS in Inpatient Physician Spending

TITLE 2:

PAGE 2

RECORD NUMBER:

PROJECT OFFICER: Nancy McCall

SPONSOR: HCFA ENDDATE: DEC 1991 NTIS: NA

BIBLIO: Health Services Research 28(5): 641-660

KEYWORDS: Medicare inpatient physician spending; episodes of care; trend analysis; DRG; ~~[illegible]~~ ~~[illegible]~~

MEMO: memo TO TYPE IN YOUR ABSTRACT: HIT CTRL/HOME OR CTRL/PgDn.
TO SAVE YOUR ABSTRACT: HIT CTRL/END.

Stacey R
Please use the principal findings & conclusions section of the report for the memo/abstract.
Thanks!

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December 29, 1993

Sherry Terrell, Ph.D.
HCFA
Oak Meadows Building 2-B-14
6325 Security Boulevard
Baltimore MD 21207

Dear Sherry:

Enclosed is a reprint of a study that I did for the Office of Research. Terry Kay was originally the project officer, and then Nancy McCall. Since they've both left, I thought I would send a copy to you!

I hope all is going well with you. Best wishes for the New Year.

Sincerely,

Janet B. Mitchell, Ph.D.
President

Record Number : 533 Type of Entry: R Project Number: 17-C-98999

Status : C End Date: 91/12/06 NTIS Number: PB92179431

Author : Mitchell, Janet

Organization : CHER

Title : Time Trends in Inpatient Physician Spending

Sponsor : HCFA

Project Officer: McCall, Nancy

Keywords : inpatient physician spending, medicare spending, DRGs

Project Description/Abstract :

This report seeks to better understand the increase in inpatient physician spending which has been growing at an annual rate of 6.3 percent over the 1985-1989 period. Inpatient episodes were created from the universe of Medicare Part A and B records from nine states for four years (1985-1988). Each episode included seven days prior to admission, the inpatient stay period, and 30 days post-discharge. Medicare spending increased 36 percent per episode in just four years. There was considerable variation in expenditure growth across DRGs ranging from 11 percent to 61 percent with surgical DRGs experiencing larger rates of growth than medical medical DRGs. The 36 percent increase in expenditures reflects real growth in services as well as allowed charge updates; average prices rose 9-10 percent and volume of services rose roughly 26 percent. Controlling for serverity of illness and hospital and physician characteristics reduces the volume impact of the time trend. The most important factor in the growth of services appears to be the steady increase in the number of physicians associated with an admission. In the case of medical DRGs, substitution of specialists for generalists appeared to be the most important factor in growth of services.

Record Number : 661 Type of Entry: J Project Number: 17-c-98999

Status : C End Date: 91/12/01 NTIS Number: NA

Author : Mitchell, Janet B.

Organization : CHER

Title : Time Trends in Inpatient Physician Spending

Sponsor : HCFA

Project Officer: McCall, Nancy T.

Biblio Info : Health Services Research 28(5):641-660

Keywords : Medicare Inpatient Phsycian, Spending; episodes of Care;, Trend Analysis;, DRG;

Project Description/Abstract :

Principal Findings. Physician spending per episode increased 27 percent just over this four-year time period, but with considerable variation by DRG ranging from only 2 percent for transurethral prostatectomies (TURPs) to 56 perncent for uncomplicated acute myocardial infarctions (AMIs). Changes in case severity and hospital and physician characteristics were all found to be important contributorys to the increase in physician inpatient spending. Most important seemed to be the growth in the number of physicians associated with the inpantient stay (and the subsequent increase in diagnostic tests and other procedures).

Conclusions. The findings suggest that control of technology and control of the number of physicians involved in the care of a patient are both critical to constraining the rate of increase in physician inpatient expenditures.

Record Number : 661 Type of Entry: J Project Number: 17-c-98999

Status : C End Date: 91/12/01 NTIS Number: NA

Author : Mitchell, Janet B.

Organization : CHER

Title : Time Trends in Inpatient Physician Spending

Sponsor : HCFA

Project Officer: McCall, Nancy T.

Biblio Info : Health Services Research 28(5):641-660

Keywords : Medicare Inpatient Phsycian, Spending; episodes of Care;, Trend Analysis;, DRG;

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Record Number : 533 Type of Entry: R Project Number: 17-C-98999

Status : C End Date: 91/12/06 NTIS Number: PB92179431

Author : Mitchell, Janet

Organization : CHER

Title : Time Trends in Inpatient Physician Spending

Sponsor : HCFA

Project Officer: McCall, Nancy

Keywords : inpatient physician spending, medicare spending, DRGs

Project Description/Abstract :

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